

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000016226

1. Entity Name
KINGS FORT MYERS REALTY, LLC



Principal Place of Business
**201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134**

FILED
2005 FEB -2 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
03-0472293

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FIELDSTONE, RONALD R
201 ALHAMBRA CIR STE 601
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LUBECK, JOSEPH G
201 ALHAMBRA CIR STE 601
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DENBERG, MICHAEL B
201 ALHAMBRA CIR STE 601
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200045889742
02/03/05--01004--008 **55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ronald R. Fieldstone, Manager

01/25/05

305-357-1001