## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000016226

1. Entity Name

## KINGS FORT MYERS REALTY, LLC



**FILED** Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90750 049 \*\*\*\*50.00

Pencipial Place of Business  20. AL-MANIBRO CIRCLE SUITE 601  CORN, CARLES & Stories  21. Principal Place of Business  22. Principal Place of Business  23. Mailrog Address & CORN, CARLES & STORY  24. Principal Place of Business  25. May 5, 4 etc.  City & State  A. FEI Number  City & Status Desired  Read Registered Agent  Name  FELDSTONE, RONALD R  201 ALI-MANDRA CIRCLE SUITE 601  CORAL GABLES FL 33134  Name  City & State  A. FEI Number  City & State  A. FEI Number  City & State  A. Fill Number  City & State  City &	}					TEST				
CORAL CABLES PL 33194   CORA	Principal Plac	e of Business	Mailing Address	- <del>-</del>	- <del></del>					
Suite, Apl. #, etc.    Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Delete   Applicable										
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City   Country   S. Certificate of State Desired   S. S. Ol Address of Desired   S. S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Certificate of State Desired   S. Ol Address of New Registered Agent   S. Ol Address   S. Ol Address	2. Principal P	Place of Business	3. Mailing Addre	3. Mailing Address						
Zip Country Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Secondary   Seco	City & Stat	ė	City & State	City & State						
FEE DISTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES FL 33134  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above-remed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligation of registered agent, or both, in the State of Forida. I am formiliar with, and accept the obligations of registered agent, or both, in the State of Forida. I am foridate the obligations of Registered Agent agent or registered agent, or both, in the State of Forida. I am fo	Zip	Country	Zip	Zip Country			5. Certificate of Status Desired S5.00 Additional			
FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES FL 33134  City FL Zip Code  8. The above named onlify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature to provide 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 to provide 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, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature to provide 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 to provide the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature to purpose the first agent agent of Police or Registered agent, or both in the State of Florida. I am familiar with, and accept					3 Name of			<del></del>	d	
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City FL Zip Code  8. The above named onlity 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 its pread name of registered layer accidable. PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1.  TITLE NAME SIRET ADDRESS CITY-S1-ZP CORAL GABLES, FL 33134  MGR FIELDSTONE, RONALD R. Change LAddition NAME SIRET ADDRESS CITY-S1-ZP CORAL GABLES, FL 33134  MGR MGR UBBCK, JOSEPH G. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134  MGR MGR UBBCK, JOSEPH G. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134  MGR MGR CORAL GABLES, FL 33134  MGR MGR CORAL GABLES, FL 33134  MGR MGR CORAL GABLES, FL 33134  MGR CRAMER, JAMES  SIRET ADDRESS CITY-S1-ZP  MGR CRAMER, JAMES  SIRET ADDRESS CITY-S1-ZP  Delete MAKE  SIRET ADDRESS CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  Delete MAKE  SIRET ADDRESS  CITY-S1-ZP  CORAL GABLES, FL 33134  MGR CRAMER CITY-S1-ZP  CORAL GABLES, FL 33134  CORAL GABLES, FL 33134  MGR CRAMER CITY-S1-ZP  CORAL GABLES, FL 33134  CORAL GABLES, FL 33134  MGR CRAMER CITY			1	Street Address (P.O. Box			Box Number is Not Acceptable)			
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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information		partify that the information are all all	with this filing does the			d in Costic - 110 57/	2VI) Florido Otobidos 1 f. 11 -			

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.