

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L02000027210

1. Entity Name

KINGS GENERAL PARTNERS, LLC



Principal Place of Business

201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33134



01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

41-2066369

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, STE. 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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

|                |                          |
|----------------|--------------------------|
| TITLE          | MGR                      |
| NAME           | FIELDSTONE, RONALD R     |
| STREET ADDRESS | 201 ALHAMBRA CIR STE 601 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134   |
| TITLE          | MGR                      |
| NAME           | LUBECK, JOSEPH G         |
| STREET ADDRESS | 201 ALHAMBRA CIR STE 601 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134   |
| TITLE          | MGR                      |
| NAME           | LOWE, SHELDON            |
| STREET ADDRESS | 201 ALHAMBRA CIR STE 601 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134   |
| TITLE          | MGR                      |
| NAME           | DENBERG, MICHAEL B       |
| STREET ADDRESS | 201 ALHAMBRA CIR STE 601 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134   |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

U00000846329  
03/18/08-80047-021 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 authorized 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 01/07/08 305-357-1001