

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90759 049 \*\*\*\*50.00

DOCUMENT # L02000031829

1. Entity Name

KINGS COURTNEY COVE REALTY, LLC



30060652

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
201 ALHAMBRA CIRCLE

3. Mailing Address  
201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.  
SUITE 601

Suite, Apt. #, etc.  
SUITE 601

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number  
54-2083940

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
RONALD R. FIELDSTONE

Street Address (P.O. Box Number is Not Acceptable)  
201 ALHAMBRA CIRCLE  
SUITE 601

City  
CORAL GABLES FL Zip Code  
33134

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.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGR  
FIELDSTONE, RONALD R.  
STREET ADDRESS  
201 ALHAMBRA CIRCLE, SUITE 601  
CITY-ST-ZIP  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
MGR  
LUBECK, JOSEPH G.  
STREET ADDRESS  
201 ALHAMBRA CIRCLE, SUITE 601  
CITY-ST-ZIP  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
MGR  
KRAMER, JAMES  
STREET ADDRESS  
201 ALHAMBRA CIRCLE, SUITE 601  
CITY-ST-ZIP  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *Ronald Fieldstone*

Ronald R. Fieldstone  
Manager 3/20/03

305-357-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)