

**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 Suite, Apt. #, etc. SUITE 601 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Address 201 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 601 City & State CORAL GABLES, FL Zip 33134 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2083940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDSTONE, RONALD R. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUBECK, JOSEPH G. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAMER, JAMES 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/02)

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 R. Fieldstone Ronald R. Fieldstone 3/20/03 305-357-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #