

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90456 046 \*\*\*\*50.00

**DOCUMENT # L03000007904**

1. Entity Name  
**KINGS OLYMPUS 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**

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**03-0510156**

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

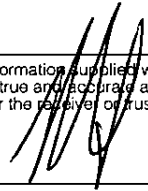
**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ange <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	change <input checked="" type="checkbox"/> Addition
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**MGR**  
 FIELDSTONE, RONALD R.  
 201 ALHAMBRA CIRCLE, SUITE 601  
 CORAL GABLES, FL 33134

**MGR**  
 LUBECK, DANIEL E.  
 201 ALHAMBRA CIRCLE, SUITE 601  
 CORAL GABLES, FL 33134

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**  
 Authorized Representative **4/07/04** **305-357-1001**

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