2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007917

1. Entity Name
KINGS POLO APARTMENTS, 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

FIL.ED 2005 FEB -2 PM 1: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2357560

Applied For Not Applicable

5. Certificate of Status Desired

X

\$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

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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)

DAT

Filing Fee is \$50.00 Due by May 1, 2005

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	MGR LUBECK, DANIEL E 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134
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11. I hereby certify that the information supplies with his filling 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 accordance of the limited liability company or the receiver of the exemption of the exemption and 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 of the exemption of the exemption and the exemption of t

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6125/05

305-357-1001

Date

Daytime Phone #