

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2005 FEB -2 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000019655

1. Entity Name

KINGS WATERFORD APARTMENTS, LLC



Principal Place of Business

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

Mailing Address

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



01242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-2026093

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 CIR., STE. 601
CORAL GABLES, FL 33134

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FIELDSTONE, RONALD R
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	LESTER, PAUL A
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	LOWE, SHELDON
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	LUBECK, JOSEPH G
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

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

Donald R. Fieldstone

Date

1/25/05

Daytime Phone #

305-357-1001