

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024725

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: ROYAL KING APARTMENTS, L.L.C.

**Current Principal Place of Business:**

13315 N.E 6TH AVE.  
APT #1/OFFICE  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

13315 N.E 6TH AVE.  
APT #1/OFFICE  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 55-0843283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEINBERG, JEFFREY ESQ  
FEINBERG & MAIDENBAUM  
4000 HOLLYWOOD BLVD., STE. 350-N  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHELMINSKY, SHLOMO  
Address: 13315 N.E 6TH AVE, APT# 1/OFFICE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGRM ( ) Delete  
Name: CHELMINSKY, ALLEN  
Address: 13315 N.E 6TH AVE, APT# 1/OFFICE  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHLOMO CHELMINSKY

MGRM

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date