

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026856

1. Entity Name
KINGS LAKESIDE REALTY, 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

FILED
2005 FEB -2 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
75-3127926

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

**DO NOT WRITE
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 LUBECK, JOSEPH G
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME DENBERG, MICHAEL B
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
NAME
STREET ADDRESS
CITY-ST-ZIP

300045889993
02/03/05--01004--013 **55.00

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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 of the company and am duly 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

Date

Daytime Phone #

Donald B. Fieldstone, Manager

01/25/05

305-357-1001