

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

2005 FEB -2 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000032482

1. Entity Name  
KINGS WOOD FOREST 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



01242005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3774141

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 LUBECK, JOSEPH G  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 601  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR  
NAME LOWE, SHELDON  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 601  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR  
NAME LESTER, PAUL A  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 601  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR  
NAME DENBERG, MICHAEL B  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 601  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR  
NAME FIELDSTONE, RONALD R  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400045889564  
02/03/05--01004--006 \*\*55.00

**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

Ronald B. Fieldstone, Manager

02/25/05

Date

305-357-1001

Daytime Phone #