2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# L04000042037

Entity Name: THE MEADOWS AT KINGS COVE, LLC

Current Principal Place of Business:

2222 PONCE DE LEON BLVD.
SUITE M-200
CORAL GABLES, FL 33134

New Principal Place of Business:

3790 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020

Current Mailing Address:

2222 PONCE DE LEON BLVD.
SUITE M-200
CORAL GABLES, FL 33134

New Mailing Address:

3790 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATH, HELENA
2222 PONCE DE LEON BLVD.
SUITE M-200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

WELT, KENNETH
3790 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020 US

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: KENNETH WELT 08/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PENINSULA MORTGAGE B, ANKERS CORP
Address: 222S PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PENINSULA MORTGAGE B, ANKERS CORP
Address: 3790 NORTH 28TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH WELT, D/P OF MGRM DP 08/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date