2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUI 1. Entity Name KINGS FO			05-04-2005 90036 014 ****50.00					
Principal Place	e of Business	Mailing Address	·········					
201 ALHAMBRA CIRCLE STE. 601 CORAL GABLES, FL 33134		201 ALHAMBRA CIRCLE STE. 601 Coral Gables, FL 33134			20056819			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	04282005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numbe	5 2325		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of New Re	gistered Agent	
FIEL DSTO	NE, RONALD R		Name					
201 ALHAN	MBRA CIRCLE STE. 601 ABLES, FL 33134		Street A	ddress (F	P.O. Box Numbe	r is Not Acceptable))	
	· .		City				FL Zip Cod	e
8. The above the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its re	gistered office or	r registere	ed agent, or both	n, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	ogistered Agent signati	ure required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005								
Fil Du	ling Fee is \$50.00 ue by May 1, 2005				."		check payable to Department of Stat	6
Fil Du 9.	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.				Department of Stat	•
Dı.	MANAGING MEMBER	☐ Delete	10. TITLE			Florida	Department of Stat	● Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MANAGING MEMBER Paraka P. Telas 201 Alhambra Ci	ton	TITLE NAME STREET ADDRESS			Florida	Department of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MANAGING MEMBER Parala P. Frelas 201 Altambra CI Coxal Grables Fl	Delete ton rcle #1001 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Florida	Department of Stat CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER Parala P. Felas Zoi Altanbra Ci Coxal Grables Fl Joseph G. Laber	Delete TON TOLE #1001 33134 CIC Delete	TITLE NAME STREET ADDRESS			Florida	Department of Stat	
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indicated on this report stude 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONALD TYLED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-357-1001