2006 LIMITED LIABILITY COMPANY

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT 05-02-2006 90025 049 ****50.00 DOCUMENT # L05000052390 KINGS ST. ANDREWS INVESTORS, LLC 20042326 Mailing Address Principal Place of Business 201 ALHAMBRA CIRCLE STE 601 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E083 (11/05) Applied For City & State City & State 4. FEI Number <u>20-2917349</u> Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134 Zip Code 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 DATE (NOTE Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR. Addition ☐ Delete TITLE TITLE FIELDSTONE, RONALD A. NAME NAME 201 ALHAMBRA CIRCLE, STE. 601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORAL GABLES, FL. 33134 CHY-SI-ZIP Addition Change Defete MGR IIILE NAME NAME LESTER, PAUL A. 201 ALHAMBRA CIRCLE, STE. 601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL. 33134 ☐ Change Addition MGR TITLE ☐ Delete TITLE NAME SHEAR, DAVID NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE, STE. 601 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL. 33134 Addition ☐ Delete MGQ ☐ Change TITLE DENBERG, MICHAEL B. NAME NAME DOI ALHAMBRA CIRCLE, STE. GOI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP CORAL GABLES FL. 33134 ☐ Change ☐ Addition Delete HILE TITLE NAME NAMI: STREET ADDRESS STREET ADDRESS CHY-ST ZIP CHY-S1-ZIP Addition ☐ Delete ☐ Change

ed with this lighting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 11. I hereby certify that the information s quature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ed to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and limited liability company or the rec

NAME STREET ADDRESS

CITY-ST-ZIP

THE

STREET ADDRESS

CITY ST-ZIP

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED