

203

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000082060

1. Entity Name
KINGS SUMMER ISLES INVESTORS, LLC



Principal Place of Business
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134

Mailing Address
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3354062

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 CIRCLE, 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LUBECK, JOSEPH G
STREET ADDRESS	201 ALHAMBRA CIR STE 601
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGR
NAME	FIELDSTONE, RONALD R
STREET ADDRESS	201 ALHAMBRA CIR STE 601
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGR
NAME	LESTER, PAUL A
STREET ADDRESS	201 ALHAMBRA CIR STE 601
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGR
NAME	DENBERG, MICHAEL B
STREET ADDRESS	201 ALHAMBRA CIR STE 601
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80017-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #