

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000088405**

1. Entity Name  
**KINGSLEY DEVELOPMENT I, LLC**



Principal Place of Business  
**3155 N.W. 82ND AVENUE, SUITE 101  
MIAMI, FL 33122**

Mailing Address  
**3155 N.W. 82ND AVENUE, SUITE 101  
MIAMI, FL 33122**



04062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2190604</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEWIS, HAROLD L  
ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HEWETT, DWIGHT 3155 N.W. 82ND AVENUE, SUITE 101 MIAMI, FL 33122</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JASON, DORAN 3155 N.W. 82ND AVENUE, SUITE 101 MIAMI, FL 33122</b>
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04/20/07-80087-003 50.00

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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 #

4-6-07