2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # L05000095430 1. Entity Name KINGS SUMMER ISLES HOLDINGS, LLC					05-02-2006	90025 010 **	**50.00
Principal Place of Business	Mailing Address						
201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134		201 ALHAMBRA CIRCLE STE 601 Coral Gables, FL 33134					
OSTATE GRIDELEY, TE GOTO				 	EBITI BIHI SBIH BTHI BEHI	18 1	
2. Principal Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01132006	Chg-LLC	CR2E083 (11/0	5)
City & State	City & State	City & State		4. FEI Numb	35467	56 E	Applied For Not Applicable
Zip Country	Zip	Country			of Status Desired		Additional
6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New Re	<u>_</u>	100
FIELDSTONE, RONALD R		Nam	ime I				
201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134		Stree	Street Address (P.O. Box Number is Not Acceptable)				
		City					
			FL Zip Code				
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing its	registered offic	e or register	red agent, or bo	th, in the State of Flor	rida. I am tamiliar w	th, and accept
SIGNATURE Signature, typud or printed name of registered a	gent and title if applicable (NOT	E. Registered Agent s	gnature required	d when reinstating)		DATE •	
Filing Fee is \$50.00 Due by May 1, 2006						e check payable t Department of S	
9. MANAGING MEMBERS/MANAGERS		10.		0	ADDITIONS/		
IIILE NAME	☐ Delete	NAME	M G	BECK. JOS	EPH G.	Chan	ge Addition
STREET ADDRESS		STREET ADDRE	ss 201	ALHAMBA	PA CIACLE STE.	601	
CITY-SI-ZIP		CITY-ST-ZIP	CORA	11 / 10:00	77174		
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indicated on this report is true had 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: Ronald R. Fieldstone 2-01-06 (305)357-1001
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

District Phone #