


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90456 050 ****50.00

DOCUMENT # M01000001406

1. Entity Name
KINGS ROSEMONT APARTMENTS, L.L.C.




Principal Place of Business
**222 DELAWARE AVE.
 SUITE 900
 WILMINGTON, DE 19801**

Mailing Address
**222 DELAWARE AVE.
 SUITE 900
 WILMINGTON, DE 19801**

2. Principal Place of Business
**201 Alhambra Circle
 Suite, Apt. #, etc. *Suite 601*
 City & State *Coral Gables, FL*
 Zip *33134* Country *USA***

3. Mailing Address
**201 Alhambra Circle
 Suite, Apt. #, etc. *Suite 601*
 City & State *Coral Gables, FL*
 Zip *33134* Country *USA***



03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LESTER, PAUL A
 201 ALHAMBRA CIRCLE
 SUITE 601
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

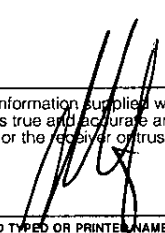
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 601 WILMINGTON, DE 19801 →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELDSTONE, RONALD R, 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESTER, PAUL A 201 ALHAMBRA CIRCLE SUITE 601 WILMINGTON, DE 19801 →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESTER, PAUL A, 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Ronald R. Fieldstone**
 Authorized Representative **4/07/04 305-357-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #