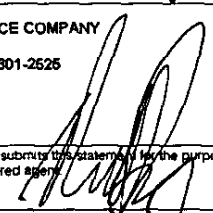
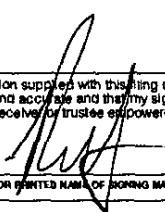


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000001487			
1. Entity Name KINGS MARTINS LANDING APARTMENTS, LLC			
Principal Place of Business 2151 QUAIL RUN DR. BATON ROUGE, LA 70808		Mailing Address 2151 QUAIL RUN DR. BATON ROUGE, LA 70808	
2. Principal Place of Business 201 Alhambra Circle		3. Mailing Address 201 Alhambra Circle	
Suite, Apt. #, etc. Suite 601		Suite, Apt. #, etc. Suite 601	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA
4. FEI Number 55-0820814		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2626		7. Name and Address of New Registered Agent Name Ronald R. Fieldstone Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 601 City C. Gables FL Zip Code 33134	
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 		DATE 7/2/03	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 31, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HICKS, DONOVAN O.V.P. 2151 QUAIL RUN DRIVE BATON ROUGE, LA 70808 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ronald R. Fieldstone 201 Alhambra Circle, Ste. 601 Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael B. Denberg 201 Alhambra Circle, Ste. 601 Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Joseph G. Lubeck 825 Parkway Street, Suite 4 Jupiter, FL 33477 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sheldon Lowe c/o 4225 Ponce de Leon Blvd. Coral Gables, FL 33146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 60B, Florida Statutes.			
SIGNATURE: 		DATE 7/2/03 305-357-1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E093 (1/02)