FILED
Jun 01, 2007 8:00 am
Secretary of State
05-04-2007 90313 024 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001533

1. Entity Name
KINGS TOWNPARK APARTMENTS, LLC

30009382

04182007 Chg-LLC CR2E083 (12/06)

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

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

2. Principal Place of Business - No P.O. Box #: 6340 SUNSET DRIVE
Suite, Apt. #, etc.
City & State: MIAMI FL.
Zip: 33143 Country

3. Mailing Address: 6340 SUNSET DRIVE
Suite, Apt. #, etc.
City & State: MIAMI, FL.
Zip: 33143 Country

4. FEI Number: 20-2518841 ☐ 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, 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 ______________________
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☒ Delete
NAME	FIELDSTONE, RONALD R	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGR	☐ Delete
NAME	DENBERG, MICHAEL B	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 601	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	~~MGR~~ MAN MEMBER	☐ Change	☒ Addition
NAME	TOMAS CABRERIZO		
STREET ADDRESS	6340 SUNSET DRIVE		
CITY-ST-ZIP	MIAMI FL. 33143		
TITLE	MGR	☐ Change	☒ Addition
NAME	MAURICE CAYON		
STREET ADDRESS	3857 W. 16 AVE		
CITY-ST-ZIP	HIALEAH, FL. 33012		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: TOMAS CABRERIZO, MGR. 04/03/07 305.779-8014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #