


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000047181</b>	
1. Entity Name KING'S LANDING FO, INC.	

Principal Place of Business 1400 NW 107TH AVE, ADLER PLAZA, 5TH FL. MIAMI, FL 33172	Mailing Address 1400 NW 107TH AVE, ADLER PLAZA, 5TH FL. MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0731445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEVY, JOEL  
C/O THE ADLER GROUP  
1400 NW 107TH AVE, ADLER PLAZA, 5TH FL.  
MIAMI, FL 33172-2704

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE ADLER, MICHAEL M 1400 NW 107TH AVENUE, ADLER PLAZA, 5TH FL. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV ADLER, MATTHEW L 1400 NW 107TH AVENUE, ADLER PLAZA, 5TH FL. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVA LEVY, JOEL 1400 NW 107TH AVE, ADLER PLAZA, 5TH FL. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARRIZURIETA, LUIS 1400 NW 107TH AVE, ADLER PLAZA, 5TH FL. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 NW 107TH AVE, ADLER PLAZA, 5TH FL. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000347136  
04/30/05-80103-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Joel Levy**  
**Executive Vice President** 4/15/05 (305) 392-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #