## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L02000031820** 

1. Entity Name

KINGS COURTNEY COVE APARTMENTS, LLC



Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 FILED

2005 FEB -2 PH 1: 27

SECRETARY OF STATE TALLAHASSEE, FLORID/



01242005 No 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

FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

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	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	FIELDSTONE, RONALD R		
STREET ADDRESS	201 ALHAMBRA CIR., STE 601		
CITY-ST-ZIP	CORAL GABLES, FL 33134		•

MGR TITLE LUBECK, JOSEPH G NAME STREET ADDRESS 201 ALHAMBRA CIR., STE 601 CITY-ST-ZIP CORAL GABLES, FL 33134 MGR DENBERG, MICHAEL B NAME STREET ADDRESS 201 ALHAMBRA CIR., STE 601 CITY-ST-7IP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

000045889920 02/03/05-01004--011 \*\*55.00

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11. I hereby certify that the information supplied with this filling 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 true of empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPET OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01 25 05

305-357-1001

Date