

2002 UNIFORM BUSINESS REPORT (UBR)

0020418 AB

DOCUMENT # A93000000884

FILED

1. Entity Name

THE KING FAMILY LIMITED PARTNERSHIP

02 MAR -7 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| Principal Place of Business 3412 SE CLUBHOUSE PL STUART FL 34997 | Mailing Address 9058 E KENYON DR TUCSON AZ 85710-4446 |
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|--------------------------------|---------|---------------------|---------|---|-------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | DUE BY MAY 1, 2002 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 58-2062584 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| HAAS, ROBERT J 3412 SE CLUBHOUSE PL STUART FL 34997 | | | 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|---|---|
| 9. Capital Contributions as Shown on record. \$800,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|--|--------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | G99187900126 THE T.B. KING MARITAL DEDUCTION TRUST 9058 E. KENYON DR. TUCSON AZ 85710 | STREET ADDRESS | |
| | | CITY-ST-ZIP | 800005099478--1 -03/13/02--01031--040 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | KING, BERTRAM A 9058 E. KENYON DR. TUCSON AZ 85710 | STREET ADDRESS | ****526.25 ****526.25 |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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| | | CITY-ST-ZIP | |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED **3/03/02** **520-885-6889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CF2E003 (9/01)