

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020648 MB

**FILED**  
03 APR 16 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



**DOCUMENT # A93000000884**

1. Entity Name  
**THE KING FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**3412 SE CLUBHOUSE PL  
STUART FL 34997**

Mailing Address  
**9058 E KENYON DR  
TUCSON AZ 85710-4446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **58-2062584**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HAAS, ROBERT J  
3412 SE CLUBHOUSE PL  
STUART FL 34997**

**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 \_\_\_\_\_ 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. **800,000**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	<b>G99187900126</b>
NAME	<b>THE T.B. KING MARITAL DEDUCTION TRUST</b>
STREET ADDRESS	<b>9058 E. KENYON DR.</b>
CITY-ST-ZIP	<b>TUCSON AZ 85710</b>
DOCUMENT #	
NAME	<b>KING, BERTRAM A</b>
STREET ADDRESS	<b>9058 E. KENYON DR.</b>
CITY-ST-ZIP	<b>TUCSON AZ 85710</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800016087798</b>
CITY-ST-ZIP	<b>04/16/03--01009--013 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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]* **SIGNATURE REQUIRED** 4/12/03 Date                      Daytime Phone #

CR2E003 (10/02)