## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Apr 19, 2007 08:00 A Secretary of State

Due By May 1, 2007		
DOCUMENT # A9900000435  1. Entity Name KING'S COURT OF ORLANDO LTD.		
Principal Place of Business 20725 S.W. 46TH AVE. NEWBERRY, FL 32669	Mailing Address 20725 S.W. 46TH AVE. NEWBERRY, FL 32669	

## 01032007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1852728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, NORITA V Street Address (P.O. BDODE NOTCEPWRITE 20721 S.W. 46TH AVENUE NEWBERRY, FL 32669 IN THIS SPACE City 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. A95000000823 DOCUMENT / STREET ADDRESS DAVIS HERITAGE LTD. NAME STREET ADDRESS 20725 S.W. 46TH AVENUE CITY-ST-ZIP CITY-ST-ZIP NEWBERRY, FL 32669 DOCUMENT # STREET ADDRESS NAME STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · U00000718600 DOCUMENT # .05/01/07-80028-011 500.nm STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

STAPLE CHECK

NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stefan M. Davis

January 4, 2007 Date

Davtime Phone #