

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001668

1. Entity Name

KINGS POINTE, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 S. Florida Ave

Suite, Apt., etc.

Suite 700

City & State

Lakeland FL

Zip

33801

Country

3. Mailing Address

PO Box 5252

Suite, Apt., etc.

City & State

Lakeland FL

Zip

33807

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

30-0000919

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence Maxwell

Street Address (P.O. Box Number is Not Acceptable)

500 S Florida Ave, # 700

City

Lakeland

FL

Zip Code

33801

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

9. Capital Contributions
as Shown on record.

1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

**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 # 023570
NAME CRF Management Co. Inc.
STREET ADDRESS 500 S. Florida Ave Suite 700
CITY-ST-ZIP Lakeland FL 33801

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Lawrence Maxwell

4/30/02

CR2E003B (12/01)