


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

|  |   |
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| <b>DOCUMENT # A02000000024</b><br>1. Entity Name<br><b>MAX KING REALTY, LTD.</b> |  |
|--|---|

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|--|--|
| Principal Place of Business<br><b>7718 DAWBERRY COURT<br/>ORLANDO FL 32819</b> | Mailing Address<br><b>7718 DAWBERRY COURT<br/>ORLANDO FL 32819</b> |
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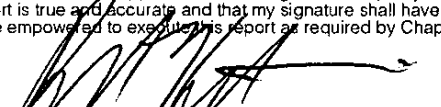
|                                |                     |             |
|--------------------------------|---------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address  |             |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |             |
| City & State                   | City & State        |             |
| Zip                            | Country             | Zip Country |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>300056035243</b><br><b>06/10/05--01081--001 **\$26.25</b><br>City <b>FL</b> Zip Code |
|---|---|

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|---|--|--|
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> |  | <b>11. FILE NOW!!! Due by May 1, 2005.</b><br><b>See Block 11 instructions for fee info.</b> |
| 9. Capital Contributions as Shown on record. <b>\$3,025,000.00</b>  |  |  |

**10. Amount of Capital Contributions in FLORIDA to date.**

| 12. GENERAL PARTNER INFORMATION |                     | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|---------------------|--------------------------|--|
| DOCUMENT #                      | L02000000408        | STREET ADDRESS           |  |
| NAME                            | MAX KING, LLC       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 7718 DAWBERRY COURT |                          |  |
| CITY-ST-ZIP                     | ORLANDO FL 32819    |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |

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| 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. |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   | Date <b>6/6/05</b> Daytime Phone # <b>407 857 9900</b> |

**FILED**  
**05 JUN 10 AM 10:07**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



1ST MOORE CR2E003 (10/04)

|   |  |
|---|--|
| 4. FEI Number <b>03-0375132</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

STAPLE CHECK HERE