

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000201 AT

DOCUMENT # A02000000024

1. Entity Name
MAX KING REALTY, LTD.



FILED

03 JUL 16 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7718 DAWBERRY COURT
ORLANDO FL 32819

Mailing Address
7718 DAWBERRY COURT
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 03-0375132

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

DATE

9. Capital Contributions
as Shown on record.

\$3,025,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

SAME AS 9

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L02000000408
NAME MAX KING, LLC
STREET ADDRESS 7718 DAWBERRY COURT
CITY-ST-ZIP ORLANDO FL 32819

STREET ADDRESS

CITY-ST-ZIP

926.25

+ 8.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

\$935.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000021587980

07/16/03--01026--014 **935.00

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/11/03 4078579900
Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE