

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A05000000752**

1. Entity Name  
**KING STREET INVESTORS, LLLP**



Principal Place of Business  
**107 NORTH PENNSYLVANIA STREET  
SUITE 800  
INDIANAPOLIS, IN 46204-2449**

Mailing Address  
**107 NORTH PENNSYLVANIA STREET  
SUITE 800  
INDIANAPOLIS, IN 46204-2449**



01032008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
<b>32-0151876</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**HOKANSON, STEPHEN P  
2809 SILVER LEAF LANE  
NAPLES, FL 34105**

**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. 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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	
NAME	<b>HOKANSON, STEPHEN P</b>
STREET ADDRESS	<b>2809 SILVER LEAF LANE</b>
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>
DOCUMENT #	
NAME	<b>ZOCCOLA, BOYD R</b>
STREET ADDRESS	<b>107 NORTH PENNSYLVANIA STREET</b>
CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46204</b>
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NAME	
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01/16/08-80053-004 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

**Stephen P. Hokanson, General Partner**

**SIGNATURE:**

*Stephen P. Hokanson*

**1/3/08**

**317-633-6300**