## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

KINGS COLONY ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A18510

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -5 MM 9: 39



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Malling Address	Frincipal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
6400 CONGRESS AVENUE	6400 CONGRESS AVENUE		12/11/1984	\$2,000.00		
SUITE 2000 BOCA RATON FL 93487	SUITE 2000 BOCA RATON FL 33487		3a. Date of Last Report			
DOG! TIMO! TE GOTO!	DOOR HATON TE SONO?		12/24/1996	<b>5b.</b> Amour Contri	nt of Capital bulions in FLORIDA 5:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date	5:	
. Walling Address	Ext Timopa Onico Address		FL	-0-		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number			
03.40	City 9 Costs		59-2483673	Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired			
Zip Country	Zip Country		Fee Required			
			8. Make check payable to: Dopt. of Stato (See reverse side for fee Information)			
9. Name and Address of Current	nantatanad 4 anat		10 Waterand and Davidson	4.4		
9, Name and Address of Current Registered Agent Name		Name	10, If changed, now Registered Agent/Office			
FISH, DEBORAH L						
6400 CONGRESS AVENUE		Streel Address (P.O. Box Number Is Not Acceptable)				
SUITE 2000 Suite,		Suite, Apt. #, etc.	pt. #, etc.			
BOCA RATON FL 33487		City Zip Code			Zip Code	
Market 1971				<u> </u>		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or n agent. I am familiar with, and accept the obligations	ogistered agent, or both, in the State of Florid		authorized by its general partner(s). I here	eby accept the a		
SIGNATURE (Registered Agent Accepting Appointment) _			DATE	TO THE PERSON OF		
A GENERAL PARTNER THAT I	BE REGISTERED AND	ACTIVE W	ITH THIS OFFICE.	R BUSIN	NESS ENTITY	
11. Namo(s) of Goneral Partner(s)	11a. Address of Each General (Oo NOT Use Post Office Box	Partner Numbers) 11b.	City, State & Zip Code	11c.	Registration/ Decument Number	
CROW KINGS MEADOW ASSOC., LT 6400 CONGRESS AVE		BOCA RATON FL		A19201		
			800002 -12/12 *****1	:31707 2/9701 56.25	75851 1066012 ****156.25	
Note: General pertners MAV NOT	be changed on this form	an amendm	ent must be filed to obs	ange a ge	KWM	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, Frelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 670 Fjorida Statutes CROW KINGS MEADOW ASSOCIATES, LID., 1841. CROW KINGS MEADOW ASSOCIATES, LID., 1841.

Typed or Printed Name of General Partner Signing Form Dobototh L. Fish, Asst. Sec.

DATE 10/27/47 Daylimo Telephone Number (561) 997-9700