


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Feb 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # A27341					
1. Entity Name KING PROPERTIES, LTD.					
Principal Place of Business 3900 ACLINE ROAD PUNTA GORDA, FL 33951		Mailing Address P.O. BOX 511388 PUNTA GORDA, FL 33951			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0114055	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				01192005 Chg-LP CR2E003 (10/03)	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KING, SANDRA 3900 ACLINE ROAD PUNTA GORDA, FL 33950			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 <i>Sandra W King</i>			DATE 1/26/2005		
9. Capital Contributions as Shown on record. \$4,302,250.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	M89116		STREET ADDRESS		
NAME	KING PROPERTY MANAGEMENT SERVICES, INC.		CITY-ST-ZIP		
STREET ADDRESS	3900 ACLINE ROAD				
CITY-ST-ZIP	PUNTA GORDA, FL				
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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: <i>Sandra W King</i>			DATE 1/26/2005 PHONE # 941-639-6470		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE		

STAPLE CHECK HERE