

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A27341

1. Entity Name

KING PROPERTIES, LTD.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 AM 10:45

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 - No P.O. Box #

4161 Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State

Zip Country
33952 Charlotte

Zip

Country

4. FEI Number
65-0114055

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, PAMELA K
3162 SW COUNTY RD 760
ARCADIA FL 34265

7. Name and Address of New Registered Agent

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 change of registered agent.

SIGNATURE

Signature must be in ink. Name of registered agent and office if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # M89116
NAME KING PROPERTY MANAGEMENT SERVICES, INC.
STREET ADDRESS 3900 ACLINE ROAD
CITY-ST-ZIP PUNTA GORDA FL

13. ADDRESS CHANGES ONLY
STREET ADDRESS 000130896020
CITY-ST-ZIP 06/05/08--01006--007 **350.00
000130896020
06/05/08--01006--008 **150.00

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CITY-ST-ZIP

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.

SIGNATURE: *Pamela K. Duncan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-17-08 863-491-0495

Date Daytime Phone

STAPLE CHECK HERE