



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>99 FEB 19 PM 2: 01</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership KING PALM ASSOCIATES, LTD.		1a. DOCUMENT # A28389			
Mailing Address 18355 TURNBERRY WAY NORTH MIAMI BEACH FL 33180		Principal Office Address 18355 TURNBERRY WAY NORTH MIAMI BEACH FL 33180		3. Date Formed or Registered 05/24/1989	
2. Mailing Address 985 SW 102 7N Suite, Apt. #, etc.		2a. Principal Office Address 985 SW 102 7N Suite, Apt. #, etc.		3a. Date of Last Report 01/22/1998	
City & State PENSACOLA PINO, FLA		City & State PENSACOLA PINO, FLA		4. State or Country of Formation FL	
Zip 33025		Country BROWARD		6. FEI Number 65-0119358	
5a. Capital Contributions as Shown on record \$250,000.00		5b. Amount of Capital Contributions in FLORIDA to date		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent KRAMER, ROBERT M KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD. #485 SOUTH HOLLYWOOD FL 33021			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) LEVIN, HERBERT		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 30 PALM AVE		11b. City, State & Zip Code MIAMI BEACH FL	
11c. Registration/Document Number 2-24-99					
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. I release 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 oath. 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 629, Florida Statutes.					
SIGNATURE			DATE 2/15/99		
Typed or Printed Name of General Partner Signing Form			Daytime Telephone Number		

CR2E003 (12/98)