2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29827 1. Entity Name									8°1	
KING'S 2	28, LTD.	-	,					DI	SECRETARY OF S VISION OF CORPOR	STATE RATIONS
Principal Place of Business 2900 E OAKLAND PARK BLVD SUITE 200 FT LAUDERDALE FL 33306					iling Address 00 E Oakland Park ITE 200 LAUDERDALE FL 3330				OFEB 24 AM S	9: 47
Principal Place of Business Address Address										811 B1811 B1811 81811 B1811 B1811 1881
Suite, Apt. #, etc.					uite, Apt. #, etc.			-	DO NOT WRITE IN TH	HIS SPACE
City & State				City & State				4. FEI Number	65-0138968	Applied For Not Applicable
Zip ———					Zip Country			5. Certificate of	-	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name			
SEILER, E.E., JR. 2900 E OAKLAND PARK BLVD							Street Address (P.O. Box Number is Not Acceptable)			
SUITE 200										
FT LAUDERDALE FL 33306						City			<u> </u>	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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										TE
9. Capital Contributions as Shown on record. \$1,040,000.00 In FLORIDA to dat						ate.	090,	244.	SEE REVERSE SIDE	BLE TO DEPT. OF STATE FOR FEE INFORMATION
	A (GENERAL I : General F	PARTNER TH	IAT I	S A BUSINESS EN I be changed on ti	ITITY M he form	UST BE REGIST : an amendmen	ERED AND ACT t must be filed to	TIVE WITH THIS OFF	ICE. partner.
NOTE: General Partners MAY NOT be changed on the form; an amendment 12. GENERAL PARTNER INFORMATION 13.									ADDRESS CHANGES	
DOCUMENT / L30329						STRE	ET ADDRESS	- · · · <u>-</u>		{
NAME STREET ADORESS City-St-ZIP	AWS REAL ESTATE, INC. 2900 E OAKLAND PARK BLVD, #200 FT LAUDERDALE FL 33306					CULA	- ST-ZIP	-nt 3/	alm	-
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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 employered to execute this report as required by Chapter 620, Florida Statutes										
SIGNATURE: MINISTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SENERAL PARTNER Date Date Date Date Destrict Printed Printe										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #										

Without were

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