2002	UNIFORM	BUSINESS	REPORT	(UBR)

STAPLE UPEUN HENE

DOCU 1. Entity Nam		# A2982	7	***				FILED SECRETARY OF STATE VISION OF CORPORATIO	Wylg	987 A:
KING'S 28, LTD.								7		
Principal Place of Business 2900 E OAKLAND PARK BLVD SUITE 200 FT LAUDERDALE FL 33306		Mailing Address 2900 E OAKLAND PARK BLVD SUITE 200 FT LAUDERDALE FL 33306			2 APR -4 PM 2:2					
2. Principal Place of Business		3. Mailing Address		-) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 200)2,	, c			
City & State		City & State		4. FEI Number		Applied For Not Applicab				
Zip		Country	Zip		Coun	try	5. Certificate o	Status Desired	8.75 Additional	
	6. Name	and Address of Current F	Register	ed Agent		Nome	7. Name and	Address of New Registered A	gent	7
SEILER, E.E., JR. 2900 E OAKLAND PARK BLVD				Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 20		ANN DEVD								
FT, LAUDERDALE FL 33306			City			FL	Zip Code			
8. The above	named entit	submits this statement for	the purp	oose of changing its	registere	ed office or register	red agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed	or printed name of registered agent as	nd title if any	n llu- plicable.				2/14/3	002_	
9. Capital Contributions as Shown on record. \$1,040,000.00 In FLORIDA to date.				outions 905,	244.00	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		W.		
	A (ENERAL PARTNER TO	HAT IS	A BUSINESS EN	TITY M	UST BE REGIST	TERED AND A	CTIVE WITH THIS OFFICE to change a general part	ner.	
12.		GENERAL PARTNER			13.	.,		ADDRESS CHANGES ONL		\exists
DOCUMENT # NAME		REAL ESTATE, INC.		STRE	ET ADDRESS			<u> </u>	CR2E003 (9/01)	
STREET ADDRESS CITY-ST-ZIP		AKLAND PARK BLVD, # ERDALE FL 33306	-200		CITY	-ST-ZIP	90	00005257.	4 <u>09</u> 3	12E00
DOCUMENT # NAME		<u> </u>			STRE	ET ADDRESS		-04/12/020: ****526 <u>-</u> 50	AND TOO FO	5
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	_;].
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STREET ADORSS CITY-ST-ZIP DOCUMENT INAME STREET ADORESS CITY-ST-ZIP					STRE	ET ADDRESS -ST-ZIP				
STREET ADD#SSS CITY-ST-ZIP DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby cindicated	Sertify that the on this reporter or trustee	e information supplied with t is true and accurate and t empowered to execute this	this filing hat my s	does not qualify fc ignature shall have s required by Chapt	STRE CITY the exer he same	ET ADDRESS -ST-ZIP mption stated in Selegal effect as if n	ection 119.07(3)(i) nade under oath;	Florida Statutes. I further certi hat I am a General Partner of t	fy that the information he limited partnership	or