## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

**DOCUMENT#** 

FILED

98 DEC -: PH 3: 34

November 25, 1998

(847) 432-3666

Daytime Telephone Number

•	A30939		TALLAHASSEE FLORIDA		
GRACE & WARING HBE LIMITE	D-PARTNERSHIP	en e			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
4770 TREE FERN DRIVE DELRAY BEACH FL 33445	MON-4770-TREE:FERN DRIVE: ************************************		12/17/1990 <b>3a.</b> Date of Last Report 12/04/1997	\$1,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 4182 Live Oak Blvd.	2a. Pringipa 2 Tici Ve Oak Blvd.		4. State or Country of Formation	to date: \$1,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		- 65-0235703 7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip Country		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 Ro	edistored Aront		10. If changed, new Registered		
Name		Name	10. Horanges, text regiones regulations		
FELNER, JAY  -4770 TREE FERN DRIVE -		Street Address (P.O. E	Street Address (P.O. Box Nurght 82 Not 1002 Dak Blvd.		
DELRAY BEACH FL 33445		Suite, Apt. #, etc.	Uife, Apt. #, etc.		
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6: for the purpose of changing its registered office or regi agent. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Florid				
SIGNATURE (Registered Agent Accepting Appointment)	A CORDODATION I	WITED DAD	DATE_	DIGINITION ENTITY	
A GENERAL PARTNER THAT IS MUST	BE REGISTERED ANI	O ACTIVE WI	TH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		City, State & Zip Code	11c. Registration/ Document Number	
KING'S CROSSING REALTY CORP. 11 - 4 - 4 - 600° CENTRAL AVE., #36 5 - 17 - 18 - 14 - 14			_	111	
			200002 -12/18 ***493	7166220 79801098001 30.00 ****141.25	
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 is Corporations from any liability of non-compliance with Se this annual report is true and accurate and attamys signal empowered to axecute this report as required by chapter	ction 119.07(3)(k) in the event that the info ure shall have the same legal affects and	rmation supplied is deen	ned exempt from public access. I further	certify that the information indicated on	

King's Crossing Realty Corp.

Typed or Printed Name of General Partner Signing Form By: Robert U. Goldman, Secretary/V.P.