

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**RECEIVED** JAN 31 2005  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 25 AM 9:22

<b>DOCUMENT # A32082</b>					
1. Entity Name <b>AMBER KING FLORIDA, LTD.</b>					
Principal Place of Business <b>3250 MARY STREET, SUITE 306 MIAMI FL 33133</b>			Mailing Address <b>3250 MARY STREET, SUITE 306 MIAMI FL 33133</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3088544</b>	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent  <b>LEVINE, ALAN W ESQ. 1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$455,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
11. FILE NOW!!! Due by May 1, 2005. See Block 11. instructions for fee info.					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000010022			STREET ADDRESS	
NAME	KINGS CROSSING GP, INC.			CITY-ST-ZIP	
STREET ADDRESS	3250 MARY STREET, SUITE 306				
CITY-ST-ZIP	MIAMI FL 33133				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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 empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date _____ Daytime Phone # _____					

STAPLE CHECK HERE