


2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # A32082 1. Entity Name AMBER KING FLORIDA, LTD.	
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Principal Place of Business 3250 MARY STREET, SUITE 306 MIAMI FL 33133	Mailing Address 3250 MARY STREET, SUITE 306 MIAMI FL 33133
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E003 (4/07)

4. FEI Number 59-3088544		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. 1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

File Now!!! Fee is \$900.00 • Due By September 5, 2007

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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	U000000772214 08/17/07-80003-011 900.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE