

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000884**

1. Entity Name

THE KING FAMILY LIMITED PARTNERSHIP

Principal Place of Business

3412 SE CLUBHOUSE PL  
STUART FL 34997

Mailing Address

9058 E KENYON DR  
TUCSON AZ 85710-4446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-2062584**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HAAS, ROBERT J  
3412 SE CLUBHOUSE PL  
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

9. Capital Contributions  
as Shown on record.

**\$800,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

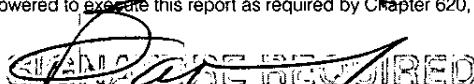
## 13.

## ADDRESS CHANGES ONLY

DOCUMENT #	G99187900126	STREET ADDRESS	
NAME	THE T.B. KING MARITAL DEDUCTION TRUST	CITY-ST-ZIP	
STREET ADDRESS	9058 E. KENYON DR.	STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ 85710	CITY-ST-ZIP	
DOCUMENT #	KING, BERTRAM A	STREET ADDRESS	
NAME	9058 E. KENYON DR.	CITY-ST-ZIP	
STREET ADDRESS	TUCSON AZ 85710	STREET ADDRESS	<b>100004416741--8</b>
CITY-ST-ZIP		CITY-ST-ZIP	-06/13/01--01006--013
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

  
**RECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*5/01/01 526-885-6889*

Date

Daytime Phone #

0019347 AB

CR2E003 (11/00)