

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2091
03 OCT 17 PM 3:30

1. Name of Limited Partnership KING MANAGEMENT, LTD.		1a. DOCUMENT # A93000001448		3. Date Formed or Registered 12/29/1993		5a. Capital Contributions as Shown on record \$24,000,000.00	
Mailing Address 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE FL 33304		Principal Office Address 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE FL 33304				3a. Date of Last Report 10/26/1995	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL		6. FEI Number 65-0457556 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		8. Make check payable to: Dept. of State (See reverse side for fee information)			
Zip		Country		Zip		Country	



Handwritten initials

9. Name and Address of Current Registered Agent KING, W. CLAY 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE FL 33304		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc _____ City _____ FL Zip Code _____	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____		DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LOUIS KING MANAGEMENT CO., I	700-900 EAST SUNRISE	FT LAUDERDALE FL 3330	P93000080910
CLAY KING MANAGEMENT CO., IN	700-900 EAST SUNRISE	FT LAUDERDALE FL 3330	P93000080925
100001981721--1 -10/21/96--01062--020 ****585.00 ****585.00			

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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number **954-7606393**

CR2E008 (6/96)