

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 19 PM 3:11

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001448

KING MANAGEMENT, LTD.



Mailing Address

Principal Office Address

700-900 EAST SUNRISE BOULEVARD
FT LAUDERDALE FL 33304

700-900 EAST SUNRISE BOULEVARD
FT LAUDERDALE FL 33304

3. Date Formed or Registered

12/29/1993

5a. Capital Contributions as Shown on record.

\$24,000,000.00

3a. Date of Last Report

10/17/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0457556

Applied For
 Not Applicable

7. Certificate of Status Desired



\$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 Registered Agent

10. If changed, new Registered Agent/Office

KING, W. CLAY
700-900 EAST SUNRISE BOULEVARD
FT LAUDERDALE FL 33304

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
CLAY KING MANAGEMENT CO., IN

700-900 EAST SUNRISE
700-900 EAST SUNRISE

FT LAUDERDALE FL 3330
FT LAUDERDALE FL 3330

P93000080910
P93000080925

300002436309--6
-02/20/98--01058--008
****\$35.00 ****\$35.00

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 BY *JEFFREY M. GALE*

DATE 12/22/97

Typed or Printed Name of General Partner Signing Form

JEFFREY M. GALE

Daytime Telephone Number

954-527-3713

CR2E003 (6/97)