

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A93000001448  
 1. Entity Name  
**KING MANAGEMENT, LTD.**

FILED  
 00 MAY 10 PM 4: 20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
 700-900 EAST SUNRISE BOULEVARD      700-900 EAST SUNRISE BOULEVARD  
 FT LAUDERDALE FL 33304      FT LAUDERDALE FL 33304

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      Applied For  
 65-0457556      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 KING, W. CLAY  
 700-900 EAST SUNRISE BOULEVARD  
 FT LAUDERDALE FL 33304

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      \$24,000,000.00      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	
DOCUMENT #	P93000080925
NAME	CLAY KING MANAGEMENT CO., INC.
STREET ADDRESS	700-900 EAST SUNRISE BOULEVARD
CITY - ST - ZIP	FT LAUDERDALE FL 33304
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	300003292383--8 06/15/00--01123--025 ****535.00 ****535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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STREET ADDRESS	
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: *[Signature]*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Corporate Accounting      5-1-00      954-527-3713      Date      Daytime Phone #

11/17/00 1:00 PM