| KING MANAGEMENT, LTD. FILED I MAY -3 PH I2: 07 *********************************** | | | 00001448 | RT (UBR) | | 0020483 |
|---|---|--|-------------------------|-------------------|--|-----------------|
| Mailing Address PALLEVARD 70 ASD 6AST SURRES BOULEVARD 71 LAUDERDALE FL 33004 72 Principal Place of Business Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State Cit | | | | | FILED | Ą |
| TO SOU EAST SUMMISE BOULEVARD TO LADERDALE FL 3300 2. Principal Place of Business Suite, Apt. #, etc. City & State Country A. FEI Number St-0457556 Inc. Applied Fo. North Applied 6. Name and Address of Current Registered Apent KING, W. CLAY TO A000 EAST SUMRISE BOULEVARD FT LAUDERDALE FL 33304 City The State Boulevard FL A000000000000000000000000000000000000 | | | | | | |
| Suite, Apt. P. etc. Suite, Ap | Principal Place of Business 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE FL 33304 | | 700-900 EAST SUNRISE 8 | | TALLAHASSEE, FLORIDA | |
| City & State City & State City & State City & State Country Country S. Certificate of Status Desired S8.75 Additional Fee Required Street Address of Current Registered Agent 7. Name and Address of Now Registered Agent Name KING, W. CLAY 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE FL 33304 City FL Zip Code SIGNATURE City FL Zip Code City FL Zip Code SIGNATURE Country Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code SIGNATURE City SIGNATURE SIGNATURE City SIGNA | 2. Principal Place of Business | | 3. Mailing Address | | | |
| Zip Country Zip Country S. Certificate of Status Desired C Status Desired Agent C St | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| Since Address (P.O. Box Number is Not Acceptable) Since | City & State | | City & State | - | CE DAE TEEC | 7 |
| 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Street: Address (P.O. Box Number is Not Acceptable) Street: Address (P.O. Box Number is Not Acceptable) Street: Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its squittered office or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS EN TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on till form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. ADDRESS CHANGES ONLY 15. STREET ADDRESS CITY-51-2P TI AUDERDALE FL 33304 STREET ADDRESS CITY-51-2P STREET A | Zip | Country | Zip | Country | 5 Certificate of Status Desired \$8.75 Additional | 1 |
| KING, W. CLAY 700-900 EAST SURRISE BOULEVARD FT LAUDERDALE FL 33304 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE | | 6 Name and Address of Current | Registered Agent | <u></u> | | - |
| TOU-900 EAST SURRISE BOULEVARD FT LAUDERDALE FL 33304 City FL Zip Code City FL Zip | | G. Hambana Hadiodo or Garione | | Name | | 7 |
| City FL Zip Code City Florida. City Flor | 700-900 EAST SUNRISE BOULEVARD | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | |
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| VAME : CITY-ST-ZIP | TREET ADDRESS | | | | | 4 |
| 4. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. | | - | | | | 4 |

indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING GENERA . PARTNER

Daytime Phone #