

2001 UNIFORM BUSINESS REPORT (UBR)

0020488 Sp

DOCUMENT # **A93000001448**

1. Entity Name
KING MANAGEMENT, LTD.

FILED

01 MAY -3 PM 12:07

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

Mailing Address
**700-900 EAST SUNRISE BOULEVARD
FT LAUDERDALE FL 33304**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0457556

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. (NOT) 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000080925**
NAME **CLAY KING MANAGEMENT CO., INC.**
STREET ADDRESS **700-900 EAST SUNRISE BOULEVARD**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

STREET ADDRESS
CITY-ST-ZIP **000004334910--9
-05/30/01--01098--016
****535.00 ****535.00**

DOCUMENT #
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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: Kirk J Francis **Kirk J Francis** 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)