

2002 UNIFORM BUSINESS REPORT (UBR)

0021012 SP

DOCUMENT # A93000001448

1. Entity Name
KING MANAGEMENT, LTD.

FILED
02 MAY -1 PM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **65-0457556**

Applied For: Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	000005503260--1
CITY-ST-ZIP	-05/10/02--01050--023
	****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
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: *Clay King Management Co. Inc by Kirk J Francis VP* 4/24/02 954-760-6893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)