

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A93000001448



1. Entity Name  
 KING MANAGEMENT, LTD.

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		3. Mailing Address		04282004	Chg-LP	CR2E003 (10/03)
Suite, Apt #, etc		Suite, Apt #, etc				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				4. FEI Number		
KING, W. CLAY 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE, FL 33304				65-0457556		Applied For
						Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent

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.	
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**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	STREET ADDRESS	
NAME	CLAY KING MANAGEMENT CO., INC.	CITY ST ZIP	
STREET ADDRESS	700-900 EAST SUNRISE BOULEVARD		
CITY ST ZIP	FT LAUDERDALE, FL 33304		
DOCUMENT #		STREET ADDRESS	000000159724
NAME		CITY ST ZIP	05/10/04-80043-001 535.00
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			

STAPLE CHECK HERE

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 VP 4/6/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #