

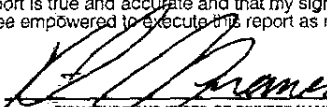


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A9300G001448				
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		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0457556
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$24,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		
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	 400000363785 05/06/05-90013-018 535.00		
CITY-ST-ZIP	FT LAUDERDALE, FL 33304			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
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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)(l), 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 4/26/05 954-760-1393		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #	

STATE OF FLORIDA