

A93000001448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

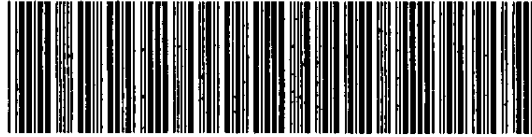
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: King Management Ltd
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A93000001448

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kirk J. Francis

(Contact Person)

King Management Ltd.

(Firm/Company)

1345 S. Federal Highway

(Address)

Deerfield Beach, FL 33441

(City, State and Zip Code)

For further information concerning this matter, please call:

Kirks J. Francis

(Name of Contact Person)

at (954) 574-4636

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2008

KIRK J. FRANCIS
KING MANAGEMENT LTD.
1345 S. FEDERAL HIGHWAY
DEERFIELD BEACH, FL 33441

SUBJECT: KING MANAGEMENT, LTD.
Ref. Number: A93000001448

We have received your document for KING MANAGEMENT, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 008A00047074

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. King Management, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/29/93
Date of filing/registration in Florida

3. A93000001448
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

W. Clay King
Name
700-900 EAST Sunrise Blvd
Address
Fort Lauderdale, FL 33304
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:
W. Clay King
Name
1345 S. Federal Highway
Florida street address (P.O. Box not acceptable)
Deerfield Beach FL 33441
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

BY: CLAY KING MGMT CO. INC.
[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA