LIMITED PARTNERSHIP ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98|FFR | 9 PM 3: 13

1. Name of Limited Partnership	A930000	A9300001449			
KING SATURN, LTD.	\				
			•	OP2/19	
Mailing Address 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE FL 33304	Principal Office Address 700-900 EAST SUNRISE BOUL FT LAUDERDALE FL 33304	700-900 EAST SUNRISE BOULEVARD		3. Date Formed or Registered 12/29/1993 38. Date of Last Report 10/17/1996	5a. Capital Cor Shown on r. \$5,000,
2. Mailing Address		2a. Principal Office Address			Contributito date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State	City & State		65-0227306 7. Certificate of Status Desired	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse s	
9. Name and Address of Current Registered Agent KING, W. CLAY 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE FL 33304		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip.			
for the purpose of changing its registered o		of Florida. Such cha	inge was aut	horized by its general partner(s). I her	eby accept the app
N	NUST BE REGISTERED	AND ACTIV	VE WIT	H THIS OFFICE.	11c. _{Dx}
11. Name(a) of General Partner(s) LOUIS MOTOR NEWCO, INC. CLAY MOTOR NEWCO, INC.	700-900 EAST SUNRIS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 700-900 EAST SUNRISE 700-900 EAST SUNRISE		FT LAUDERDALE FL 3330 FT LAUDERDALE FL 3330	
			02 **	02436317- /20/980105800 **\$35.00 ****\$35	99
Now: General partners MAY	NOT be changed on this fo	orm; an am	endmei	nt must be filed to cha	ange a gene

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the Information supplied is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that them a General Partner of the limited partners empowered to execute this report as required by chapter 620, Florida Statutes.

LOVIJ MOTICE NEWCO, INC., GENERAL PROTVESS.

SIGNATURE 4

Typed or Printed Name of General Partner Signing Form TWFREY M. CALE

Daytime Telephone Number 9,77.5.