

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

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

**DOCUMENT # A93000001449**

1. Entity Name  
**KING SATURN, 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.

04282004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0227306**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$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

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

DATE

9. Capital Contributions as Shown on record **\$5,000,000.00**

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 # **P93000088631**  
 NAME **LOUIS MOTOR NEWCO, INC.**  
 STREET ADDRESS **700-900 EAST SUNRISE BOULEVARD**  
 CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT # **P93000088640**  
 NAME **CLAY MOTOR NEWCO, INC.**  
 STREET ADDRESS **700-900 EAST SUNRISE BOULEVARD**  
 CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

STREET ADDRESS  
 CITY-ST-ZIP

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**05/10/04-80043-003 535.00**

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 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:**

*Kirk J Francis VP* 4/29/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE