2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED **DOCUMENT # A93000001449** May 06, 2005 08:00 AM Secretary of State 1. Entity Name KING SATURN, LTD. Mailing Address Principal Place of Business 700-900 EAST SUNRISE BOULEVARD 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04262005 CR2E003 (10/03) Chg-LP Applied For City & State 4. FEI Number City & State 65-0227306 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, W. CLAY Street Address (P.O. Box Number is Not Acceptable) 700-900 EAST SUNRISE BOULEVARD FT LAUDERDALE, FL 33304 City 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 18. Amount of Capital Contributions \$5,000,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12, P93000088631 DOCUMENT # STREET ADDRESS NAME LOUIS MOTOR NEWCO, INC. STREET ADDRESS 700-900 EAST SUNRISE BOULEVARD CITY-ST-ZIP U00000363783 CITY-ST-ZIP FT LAUDERDALE, FL 33304 05/06/05-80013-016-535.00 P93000088640 DOCUMENT # STREET ADDRESS NAME CLAY MOTOR NEWCO, INC. STREET ADDRESS 700-900 EAST SUNRISE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33304 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

Kirk J. Francis 49

D TYPED OR PRINTED NAME OF SIGNING GENERAL PARTN

SIGNATURE: