


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000787		
1. Entity Name KYNG'S HEATH CENTRE I, LTD.		

Principal Place of Business 284 PARK AVENUE NORTH, SUITE A WINTER PARK, FL 32789	Mailing Address 284 PARK AVENUE NORTH, SUITE A WINTER PARK, FL 32789
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04092005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3199882	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINGSLAND, ROBERT S 284 PARK AVENUE NORTH, SUITE A WINTER PARK, FL 32789

7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$916,792.58	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY - ST - ZIP	V38458 FRAMDEED COWS, INC. 284 PARK AVENUE NORTH WINTER PARK, FL 32789	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	

UC00000367058
05/16/05-80019-017 526.25

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: 	4/27/05	407-629-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE