2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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CHECK

SIGNATURE:

FILED Mar 01, 2005 08:00 AM DOCUMENT # A97000001813 Secretary of State 1. Entity Name INVESTORS AT KING'S LAKE, LTD. Principal Place of Business Mailing Address 3380 RUM ROW NAPLES FL 34102 3380 RUM ROW NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 59-3494516 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, CHARLES A JR. Street Address (P.O. Box Number is Not Acceptable) **3380 RUM ROW** NAPLES FL 34102 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. 11. FILE NOW !!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and fittle if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 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. DOCUMENT # STREET ADDRESS BROWN, CHARLES A JR. NAME STREET ADDRESS 3380 RUM ROW CITY ST-ZIP CITY-ST-ZIP NAPLES FL 34102 DOCUMENT # STREET ADORESS NAME STREET ADDRESS U00000247654 CITY-ST-ZIP CITY-ST-ZIP 03/01/05-80032-017 141 25 DOCUMENT # STREET ADURESS STREET ADDRESS CITY-ST-7IP CITY: ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-7IP 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 the receiver or trustee empoyment to execute this report as required by Chapter 620, Florida Statutes