

FILE ON OR BEFORE **DECEMBER 31, 1997** OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 30 PM 2:04

1. Name of Limited Partnership

KINGS APARTMENTS ASSOCIATES,  
LTD.

1a.

DOCUMENT #

A97000002518

Mailing Address

1245 Blackrush Drive  
Tarpon Springs, FL 34689

Principal Office Address

1245 Blackrush Drive  
Tarpon Springs, FL 34689

3. Date Formed or Registered

11/19/97

5a. Capital Contributions as  
Shown on record

\$1,000,000

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$460,000

4. State or Country of Formation

Florida

6. FEI Number

59-3481233

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

David M. Jeffries, Esq.  
Bush Ross Gardner Warren & Rudy, P.A.  
220 S. Franklin Street  
Tampa, FL 33602

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

~~4000002482744-2~~  
~~-04/08/98--01076--013~~  
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FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

FAF Group, Inc.

1245 Blackrush Drive

Tarpons Springs, FL 34689

~~A97000002518~~

97-97677  
al  
4-1

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

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 Division of 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

By: Joseph G. Lubeck, Manager

DATE

3/18/98

813-636-0444

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)