

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 15 PM 4:19

SECRETARY OF STATE



1. Name of Limited Partnership KINGS APARTMENTS ASSOCIATES, LTD.	1a. DOCUMENT # A97000002518
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Mailing Address 13575 58TH STREET NORTH SUITE 144/THE SUMMITH BLDG. CLEARWATER FL 33760	Principal Office Address 13575 58TH STREET NORTH SUITE 144/THE SUMMITH BLDG. CLEARWATER FL 33760	3. Date Formed or Registered 11/19/1997
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 03/30/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL
City & State	City & State	6. FE# Number 59-3481233
Zip Country	Zip Country	7. Certificate of Status Desired
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<input type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record \$1,000,000.00
5b. Amount of Capital Contributions in FLORIDA to date

9. Name and Address of Current Registered Agent JEFFRIES, DAVID M BUSH ROSS GARDNER WARREN & RUDY, P.A. 220 S FRANKLIN ST TAMPA FL 33602	10. If changed, new Registered Agent/Office Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ Suite, Apt. #, etc.: _____ City: _____
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59-3481233-002518-99
 03/23/99 01037-023
 ***526.25 ***526.25
 FL Zip Code

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 _____

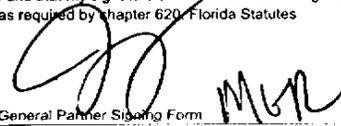
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) FAF GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4245 BLACKRUSH DRIVE 13575 58th St. North Suite 144	11b. City, State & Zip Code TARPON SPRINGS FL 046 Clearwater, FL 33760	11c. Registration/Document Number P97000097677
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3-19-99

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 	DATE 3/12/99	Joseph G. Lubeck, Mgr Daytime Telephone Number 727-538-7706
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CR2E003 (12/98)