

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 APR -1 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000000893
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KINGS MARINERS APARTMENTS ASSOCIATES, LTD.

Mailing Address 13575 58TH STREET NORTH SUITE 144/THE SUMMIT BLDG. CLEARWATER FL 33760	Principal Office Address 13575 58TH STREET NORTH SUITE 144/THE SUMMIT BLDG. CLEARWATER FL 33760	3. Date Formed or Registered 04/09/1998	5a. Capital Contributions as Shown on record \$270,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 65-0824198
Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent JEFFRIES, DAVID M BUSH ROSS GARDNER WARREN & RUDY, P.A. 200 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
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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 III, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <del>4245 BLACKRUSH DRIVE</del> 13575 58th St. North Suite 144	11b. City, State & Zip Code <del>TARPON SPRINGS FL 346</del> Clearwater, FL 33760	11c. Registration/ Document Number P98000026653
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4-7-99

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

Typed or Printed Name of General Partner Signing Form

Joseph G. Lubeck, Mgr.

Daytime Telephone Number

727-538-7706

CR2E003 (12/98)