



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	
1. Name of Limited Partnership KINGS COURTYARD APARTMENTS ASSOCIATES, LTD.		1a. DOCUMENT # A98000000895	
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	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 04/09/1998		5a. Capital Contributions as Shown on record \$190,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-3501847	
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)		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent JEFFRIES, DAVID M 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 Allowed) Suite, Apt. #, etc. City Zip Code 200002837132-4 -04/12/99-01145-012 ****526.25 ****526.25 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 II, INC.	1245 BLACKRUSH DRIVE 13575 58th St. North Suite 144	TARPON SPRINGS FL 346- Clearwater, FL 33760 FL 4-7-99	P98000028429
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  Typed or Printed Name of General Partner Signing Form Joseph G. Lubeck, Mgr.		DATE 3/12/99 Daytime Telephone Number 727-538-7706	

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