



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000218 1. Entity Name KINGS TERRACE POINT, L.P.					
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite Apt. #, etc		3. Mailing Address Suite Apt. #, etc			
City & State		City & State		01232004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-1110765	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LESTER, PAUL A 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$2,200,000.00		10. Amount of Capital Contributions in FLORIDA to date \$2,200,000.00			
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000008870		STREET ADDRESS		
NAME	KINGS TERRACE POINT REALTY, LLC		CITY ST ZIP		
STREET ADDRESS	201 ALHAMBRA CIRCLE		CITY ST ZIP		
CITY ST ZIP	CORAL GABLES, FL 33134		CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			PAUL A. LESTER for KINGS Terrace Point Realty, LLC 4/07/04 305-357-1001 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE