

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                     |                                                                                |                                                                                                                                                                                                                                           |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>DOCUMENT # A99000000435</b><br>1. Entity Name<br><b>KING'S COURT OF ORLANDO LTD.</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                     |                                                                                |                                                                                                                                                          |                                                    |
| Principal Place of Business<br><b>20725 S.W. 46TH AVE.<br/>         NEWBERRY, FL 32669</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                     | Mailing Address<br><b>20725 S.W. 46TH AVE.<br/>         NEWBERRY, FL 32669</b> |                                                                                                                                                                                                                                           |                                                    |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         | 3. Mailing Address  |                                                                                |                                                                                                                                                                                                                                           |                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         | Suite, Apt. #, etc. |                                                                                |                                                                                                                                                                                                                                           |                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | City & State        |                                                                                |                                                                                                                                                                                                                                           |                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                                                 | Zip                 | Country                                                                        | 4. FEI Number<br><b>62-1852728</b>                                                                                                                                                                                                        |                                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                     |                                                                                | Applied For<br>Not Applicable                                                                                                                                                                                                             |                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>DAVIS, NORITA V<br/>         20721 S.W. 46TH AVENUE<br/>         NEWBERRY, FL 32669</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                     |                                                                                | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable</small>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                     |                                                                                |                                                                                                                                                                                                                                           |                                                    |
| 9. Capital Contributions as Shown on record. <b>\$100.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                     | 10. Amount of Capital Contributions in FLORIDA to date.                        |                                                                                                                                                                                                                                           |                                                    |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                 |                                                                                                                         |                     |                                                                                |                                                                                                                                                                                                                                           |                                                    |
| <b>12. GENERAL PARTNER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                     | <b>13. ADDRESS CHANGES ONLY</b>                                                |                                                                                                                                                                                                                                           |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>A9500000823<br/>         DAVIS HERITAGE LTD.<br/>         20725 S.W. 46TH AVENUE<br/>         NEWBERRY, FL 32669</b> |                     | STREET ADDRESS<br>CITY - ST - ZIP                                              |                                                                                                                                                                                                                                           |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                     | STREET ADDRESS<br>CITY - ST - ZIP                                              |                                                                                                                                                                                                                                           |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                     | STREET ADDRESS<br>CITY - ST - ZIP                                              |                                                                                                                                                                                                                                           |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                     | STREET ADDRESS<br>CITY - ST - ZIP                                              |                                                                                                                                                                                                                                           |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                     | STREET ADDRESS<br>CITY - ST - ZIP                                              |                                                                                                                                                                                                                                           |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                     | STREET ADDRESS<br>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)(f), 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 |                                                                                                                         |                     |                                                                                |                                                                                                                                                                                                                                           |                                                    |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                     | <b>Stefan M. Davis</b>                                                         |                                                                                                                                                                                                                                           |                                                    |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                     | <small>Date</small> <b>2/24/05</b>                                             |                                                                                                                                                                                                                                           | <small>Daytime Phone #</small> <b>352-472-7773</b> |

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