

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000435

1. Entity Name
KING'S COURT OF ORLANDO LTD.



Principal Place of Business
20725 S.W. 46TH AVE.
NEWBERRY, FL 32669

Mailing Address
20725 S.W. 46TH AVE.
NEWBERRY, FL 32669



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1852728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**DO NOT WRITE
IN THIS SPACE**

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # A95000000823
NAME DAVIS HERITAGE LTD.
STREET ADDRESS 20725 S.W. 46TH AVENUE
CITY-ST-ZIP NEWBERRY, FL 32669

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

U000000517913
05/01/06-80065-014 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/06

Date

Daytime Phone #

STAPLE CHECK HERE