2000	UNIFO	RM BUSIN	IESS REI	PORT	(UBR
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DOCUMENT # B9800000446 1. Entity Name					FILED	
KPT PROPERTIES, L.P.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business 11000 REGENCY PARKWAY. SUITE 300 CARY NC 27511 Mailing Address 11000 REGENCY PARKWAY. CARY NC 27511			vay. Suiti	E 300	00 AUG -7 AM 10: 02	ĺ
2. Principal Place of Business 3. Mailing Address			• :			
Suite, Apt. #, etc. Suite, Apt. #, etc.		·		DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State			4. FEI Number 56-2058785 Applied For Not Applicable	
Zip Country Zip		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	٦
	-6. Name and Address of Current	Registered Agent	<u> </u>	Name	7. Name and Address of New Registered Agent	7
CORPORATION SERVICE COMPANY					ss (P.O. Box Number is Not Acceptable)	\dashv
	'S STREET SSEE FL 32301			Street Address (r. o. box runnberts rox Acceptable)		-
IALLANA	33EE L 3230			City	Zip Code	\dashv
8. The above	named entity submits this statement fo	r the purpose of changing its	s register	ed office or regist	stered agent, or both, in the State of Florida.	\dashv
SIGNATURE . 9. Capital Co as Shown		and title if applicable. (NO 10. Amount of Capi in FLORIDA to o		d Agent signature requir		_
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. DOCUMENT#	GENERAL PARTNEF F98000003303	RINFORMATION	13.		ADDRESS CHANGES ONLY	\exists
NAME	KONOVER PROPERTY TRUST, IN		STRE	ET ADDRESS		_
STREET ADDRESS CITY-ST-ZIP	11000 REGENCY PARKWAY, SU CARY NC 27511	IE 300	CITY	-ST-ZIP	4000033542446	
DOCUMENT # NAME	s		STRE	ET ADDRESS	-08/11/0001091017 ****926.25 *****926.25	$\frac{1}{4}$
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DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		···		-ST-ZIP		
 I hereby of indicated. 	certify that the information supplied with	this filing does not qualify for	or the exer	mption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership of	

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:



8/3/00

(919) 462-8787