

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019637 AF

**DOCUMENT # A18510**

1. Entity Name  
**KINGS COLONY ASSOCIATES, LTD.**

Principal Place of Business: **2859 PACES FERRY ROAD, SUITE 1450 ATLANTA GA 30339**  
Mailing Address: **2859 PACES FERRY ROAD, SUITE 1450 ATLANTA GA 30339**

**FILED**  
**01 APR 16 AM 9:22**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0410626</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FISH, DEBORAH L</b> <b>C/O GABLES REALTY LIMITED PARTNERSHIP</b> <b>6551 PARK OF COMMERCE BLVD., SUITE 100</b> <b>BOCA RATON FL 33487</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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.

SIGNATURE: Deborah L. Gentry Deborah L. Gentry DATE: 1/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **- 0 -**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>F96000005185</b>	STREET ADDRESS	<b>000004104000--7</b>
NAME	<b>GABLES GP, INC.</b>	CITY-ST-ZIP	<b>-05/01/01--01114--002</b>
STREET ADDRESS	<b>2859 PACES FERRY ROAD, SUITE 1450</b>		<b>***141.25 ***141.25</b>
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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: Dawn H. Severt Dawn H. Severt DATE: 4-10-01 DAYTIME PHONE #: 770-436-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)