

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005864 AT

DOCUMENT # A18510

1. Entity Name

KINGS COLONY ASSOCIATES, LTD.

02 MAY 28 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

Mailing Address
2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number 65-0410626

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENTRY, DEBORAH L
C/O GABLES REALTY LIMITED PARTNERSHIP
6551 PARK OF COMMERCE BLVD., SUITE 100
BOCA RATON FL 33487

Name Joni K. Bastuba
Street Address (P.O. Box Number is Not Acceptable)
Same address shown to left
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

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

Joni K. Bastuba

DATE

4-22-02

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 # F96000005185
NAME GABLES GP, INC.
STREET ADDRESS 2859 PACES FERRY ROAD, SUITE 1450
CITY-ST-ZIP ATLANTA GA 30339

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
Joni K. Bastuba

4/18/02

(770) 436-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)