

WILL BE SUBJECT TO REGULATION AND POSSIBLE PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

A98000002889

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 31 AM 8:10

1. Name of Limited Partnership HARBOR ASSOCIATES LIMITED PARTNERSHIP		1a. DOCUMENT # A98000002889		3. Date Formed or Registered 12/29/98		5a. Capital Contributions as Shown on record. \$500,000.00 N/A	
Mailing Address 230 NORMANDY CIRCLE PALM-HARBOR, FL 34683		Principal Office Address 230 NORMANDY CIRCLE PALM HARBOR, FL 34683		3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$500,000	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FLORIDA		6. FEI Number 59-3539359	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		8. Make check payable to: Dept. of State (See reverse side for fee information)			
Zip Country		Zip Country					

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation, Florida 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) KAPEX I LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 230 Normandy Circle	11b. City, State & Zip Code Palm Harbor, FL 34683	11c. Registration Document Number applied for 400002733144--6 -01/13/99--01021--013 ****\$35.00 ****\$35.00
		BK 12/31/98	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Martha J. Singh DATE 12/30/98

Typed or Printed Name of General Partner Signing Form Martha J. Singh, KAPEX I Daytime Telephone Number 813 787-4625