

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000000279**

**1. Entity Name**  
**KINGS MILLENNIUM APARTMENTS ASSOCIATES, LTD.**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

02 APR 11



**Principal Place of Business**  
 13575 58TH STREET NORTH, SUITE 144  
 CLEARWATER FL 33760

**Mailing Address**  
 13575 58TH STREET NORTH, SUITE 144  
 CLEARWATER FL 33760

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3566122 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 JEFFRIES, DAVID M  
 BUSH ROSS GARDNER WARREN & RUDY, P.A.  
 220 S. FRANKLIN STREET  
 TAMPA FL 33602

**7. Name and Address of New Registered Agent**  
 Name: RONALD R. FIELDSTONE  
 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle  
 Suite 601  
 City: Coral Gables FL Zip Code: 33134

**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** Ronald R. Fieldstone 3/15/2002  
Signature, typed or printed name of registered agent and title applicable. DATE

**9. Capital Contributions as Shown on record.** \$100.00 **10. Amount of Capital Contributions in FLORIDA to date.**

**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**

DOCUMENT #	L99000004284
NAME	FAF MILLENNIUM GROUP VI, L.L.C.
STREET ADDRESS	13575 58TH STREET NORTH, SUITE 144
CITY-ST-ZIP	CLEARWATER FL 33760
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	AL
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	1000005282691--3
CITY-ST-ZIP	-04/16/02--01060--011
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** Joseph E. Lubbeck, MGR 3/14/02 (727) 538-7706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)