

2001 UNIFORM BUSINESS REPORT (UBR)

0010238 AF

DOCUMENT # A99000000437

1. Entity Name
KINGS REDINGTON COMMERCIAL ASSOCIATES, LTD.

FILED

01 MAY 24 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13575 58TH STREET NORTH, SUITE 144 CLEARWATER FL 33760	Mailing Address 13575 58TH STREET NORTH, SUITE 144 CLEARWATER FL 33760
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DO NOT WRITE IN THIS SPACE

RJH

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip Country	Zip Country

4. FEI Number 59-3566124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JEFFRIES, DAVID M
C/O BUSH ROSS GARDNER WARREN & RUDY, P.A.
220 S. FRANKLIN STREET
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P99000022846 FAF GROUP VII, INC. 13575 58TH STREET NORTH, SUITE 144 CLEARWATER FL 33760	STREET ADDRESS CITY - ST - ZIP	700004423377--6 -06/15/01--01100--024 ***438.75 ***438.75
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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 G. Lubek* 4/16/2001 (727) 538-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)