

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014029
AT

DOCUMENT # A99000000437

1. Entity Name
KINGS REDINGTON COMMERCIAL ASSOCIATES, LTD.

02 APR 12 AM 11:56

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

DUE BY MAY 1, 2002

4. FEI Number **59-3566124**

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10,000**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000022846 FAF GROUP VII, INC. 13575 58TH STREET NORTH, SUITE 144 CLEARWATER FL 33760
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	700005288697--8 -04/17/02 01023 020 ****158.75 ****158.75
STREET ADDRESS	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2002 (727) 538-9706
Date Daytime Phone #

CR2E003 (9/01)