

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # A99000001464**1. Entity Name  
KYMMCRI LIMITED PARTNERSHIP

## Principal Place of Business

205 BAYMOUNT DRIVE

STATESVILLE NC  
28625

## Mailing Address

205 BAYMOUNT DRIVE

STATESVILLE NC  
28625

## 2. Principal Place of Business

## 3. Mailing Address

P O BOX 5489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

STATESVILLE NC

Zip

Country

Zip

Country

28687

4. FEI Number

**56-2157308**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION FL  
33324 US

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

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

(NOTE: Registered Agent signature required when reinstating)

**05/01/2001**

DATE

9. Capital Contributions  
as Shown on record. 900.0010. Amount of Capital Contributions  
in FLORIDA to date. 900.00**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 #  
NAME PAVELOCK RICHARD MTRUSTEE  
STREET ADDRESS 205 BAYMOUNT DRIVE  
CITY-ST-ZIP STATESVILLE NC 28625

STREET ADDRESS

CITY-ST-ZIP

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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:** Richard M Pavelock, Trustee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

05/01/2001

Date

Daytime Phone #

CR2E003 (11/00)