

2001 UNIFORM BUSINESS REPORT (UBR)

0020063 AB

DOCUMENT # B98000000446

1. Entity Name

KPT PROPERTIES, L.P.

Principal Place of Business

11000 REGENCY PARKWAY, SUITE 300
CARY NC 27511

Mailing Address

11000 REGENCY PARKWAY, SUITE 300
CARY NC 27511

FILED

JAN 29 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3434 Kildaire Farm Rd

3. Mailing Address

3434 Kildaire Farm Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Raleigh, NC

City & State

Raleigh, NC

4. FEI Number

56-2058785

Applied For

Not Applicable

Zip

27606

Country

Zip

27606

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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)

DATE

9. Capital Contributions
as Shown on record.

\$330,317.00

10. Amount of Capital Contributions
in FLORIDA to date.

312,308.00

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 # F98000003303
NAME KONOVER PROPERTY TRUST, INC.
STREET ADDRESS 11000 REGENCY PARKWAY, SUITE 300
CITY-ST-ZIP CARY NC 27511

STREET ADDRESS

CITY-ST-ZIP

300003655033--0
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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

1/22/01 919-372-3000

Date

Daytime Phone #

CR2E003 (11/00)