

2001 UNIFORM BUSINESS REPORT (UBR)

0020063 AB

DOCUMENT # B98000000446
 1. Entity Name
KPT PROPERTIES, L.P.

FILED

01 JAN 29 AM 10:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **11000 REGENCY PARKWAY, SUITE 300 CARY NC 27511**
 Mailing Address: **11000 REGENCY PARKWAY, SUITE 300 CARY NC 27511**

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.

City & State: **Raleigh, NC**
 City & State: **Raleigh, NC**
 Zip: **27606** Country: **27606**

4. FEI Number: **56-2058785**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. (NOTE: Registered Agent signature required when reinstating)

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	
DOCUMENT #	F98000003303
NAME	KONOVER PROPERTY TRUST, INC.
STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300
CITY-ST-ZIP	CARY NC 27511
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	300003655033--0 -02/06/01--0111--022 ****526.25 ****526.25
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]* **1/22/01 919-372-3000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)