

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0019065
AB

DOCUMENT # **B98000000446**

1. Entity Name
KPT PROPERTIES, L.P.

02 MAY 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3434 KILDAIRE FARM RD.
RALEIGH NC 27606**

Mailing Address
**3434 KILDAIRE FARM RD.
RALEIGH NC 27606**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number
56-2058785

Applied For
 Not Applicable

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

9. Capital Contributions as Shown on record. **\$330,317.00**

10. Amount of Capital Contributions in FLORIDA to date.

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
STREET ADDRESS **500005678305--8**
CITY-ST-ZIP **-05/04/02--01085--011**
*****526.25 ***526.25**

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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: *[Signature]* **MARCUS B. LILES III** 4/17/02 (99) 372-3023

CR2E003 (9/01)