## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING GENERAL PARTNER

## May 11, 2005 08:00 AN Secretary of State DOCUMENT # B98000000446 1. Entity Name KPT PROPERTIES, L.P. Principal Place of Business Mailing Address 3333 NEW HYDE PARK RD., SUITE 100 NEW HYDE PARK NY 11042 3333 NEW HYDE PARK RD., SUITE 100 NEW HYDE PARK NY 11042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1ST MOORE CR2E003 (10/04) City & State City & State 4. FE! Number Applied For 56-2058785 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio 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. I am familiar with, and accept the obligations of registered agent. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed of printed name of registered agent and life if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$330.317.00 30'31U'00 in FLORIDA to date. A GÉNERAL 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # F98000003303 STREET ADDRESS KONOVER PROPERTY TRUST, INC. NAME STREET ADDRESS 3333 NEW HYDE PARK RD., SUITE 100 CITY-ST-ZIP CITY-ST-ZIP NEW HYDE PARK NY 11042 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP DOCUMENT # STREET ADDRESS U011000365608 NAME <del>u5/11/05-80008-014-529.25</del> STREET ADDRESS CITY-ST-79P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C11Y-S1-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-7lP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED