


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

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B9800000446**

1. Entity Name  
KPT PROPERTIES, L.P.



Principal Place of Business  
3333 NEW HYDE PARK RD., SUITE 100  
NEW HYDE PARK NY 11042

Mailing Address  
3333 NEW HYDE PARK RD., SUITE 100  
NEW HYDE PARK NY 11042



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

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

City & State

Zip Country

4. FEI Number **56-2058785**

Applied For  
Not Applicable

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

1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

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

10. Amount of Capital Contributions in FLORIDA to date. **330,317.00**

**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	3333 NEW HYDE PARK RD., SUITE 100
CITY - ST - ZIP	NEW HYDE PARK NY 11042
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
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05/11/05 80006 614 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**SIGNATURE:** \_\_\_\_\_ **4-27-05** **516809187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

HAYWOOD SECURED BY NOT RECD

STAPLE CHECK HERE