

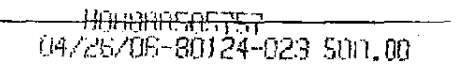
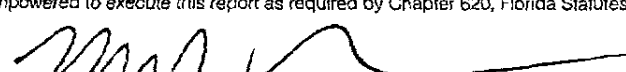


FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # B98000000446				Apr 12, 2006 08:00 AM Secretary of State	
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		 1st MOORE CR2E003 (10/05) 4. FEI Number 56-2058785 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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	STREET ADDRESS	 04/26/06-80124-023 SUN.00		
NAME	KONOVER PROPERTY TRUST, INC.	CITY-ST-ZIP			
STREET ADDRESS	3333 NEW HYDE PARK RD., SUITE 100				
CITY-ST-ZIP	NEW HYDE PARK NY 11042				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		 3-17-06 516-868-9000			