

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

BLET P/OPP

FILED

03 MAY -6 PM 7:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

OLJH



DOCUMENT # B98000000446



1. Entity Name
KPT PROPERTIES, L.P.

\$526.25

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
3333 New Hyde Park Rd

3. Mailing Address
3333 New Hyde Park Rd

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
New Hyde Park NY

City & State
New Hyde Park NY

DUE BY MAY 1, 2003

4. FEI Number 56-2058785

Applied For
Not Applicable

Zip Country
11042 USA

Zip Country
11042 USA

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. 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.

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 3333 New Hyde Park Road #100
CITY-ST-ZIP New Hyde Park NY 11042

DOCUMENT #
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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: Michael Schindler **SIGNATURE REQUIRED** Michael Schindler on behalf of Konover Property Trust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Time Phone #

0012255 MB

CR2E003 (10/02)