## 2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

B98000000446

1. Entity Name KPT PROPERTIES, L.P.

#256 32

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

Mailing Address 3434 KILDAIRE FARM RD. RALEIGH NC 27606

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SECRETARY OF STATE TALLAHASSEE FLORIDA



2. Principal Place of Business 3. Mailing Address 3333 Now H		tho Short		9       1		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	DUE BY MAY 1, 2003	
City & State		City & State	W 2	4. FEI Number 56-2058785	Applied For Not Applicable	
Zip	Country	2ip	Country		75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
	ATION SERVICE COMPANY		Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET TALLAHASSEE FL 32301						
			City	FL <sup>1</sup>	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 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 Cin FLORIDA to date				ons  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 # NAME	F98000003303 KONOVER PROPERTY TRUST, INC. 11000 REGENCY PARKWAY, SUITE 300 CARY NC 27511		STREET ADDRESS .	3333 new Hude PC ROA	D#100	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	New Hyde PC DY 1164	19-	
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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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

michael schuber on Rehalf

Compare Phone #