

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

BLET P/OPP

0012255 MB

DOCUMENT # **B98000000446**

1. Entity Name
KPT PROPERTIES, L.P.



FILED

03 MAY -6 PM 7:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten initials]

\$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
Suite 100
New Hyde Park NY**

3. Mailing Address
**3333 New Hyde Park Rd
Suite 100
New Hyde Park NY**

DUE BY MAY 1, 2003

City & State
New Hyde Park NY
Zip
11042
Country
USA

City & State
New Hyde Park NY
Zip
11042
Country
USA

4. FEI Number **56-2058785**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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.

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	
DOCUMENT #	F98000003303
NAME	KONOVER PROPERTY TRUST, INC.
STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300
CITY-ST-ZIP	CARY NC 27511
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	3333 New Hyde Park Road #100
CITY-ST-ZIP	New Hyde Park NY 11042
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **Signature Required** *Michael Schindler on behalf of Konover Property Trust*
Date _____ Daytime Phone # _____

CR2E003 (10/02)