

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000333**

1. Entity Name

**W9/KAB REAL ESTATE LIMITED PARTNERSHIP**

FILED

00 MAY -2 PM 4: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

1209 ORANGE STREET  
WILMINGTON DE 19801-1120

2. Principal Place of Business

10 CAMAS BLVD

3. Mailing Address

10 CAMAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWTON SQUARE, PA

City & State

NEWTON SQUARE, PA

4. FEI Number

75-2836922

Applied For

Not Applicable

Zip

19073

Country

Zip

19073

Country

USA

5. Certificate of Status Desired

☒ \$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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$0.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # M99000001396  
NAME W9/KAB GEN-PAR, L.L.C.  
STREET ADDRESS 100 CRESCENT COURT, SUITE 1000  
CITY - ST - ZIP DALLAS TX 75201

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

FF \$141.25

STREET ADDRESS

CITY - ST - ZIP

CUS 8.75

OP 8.75

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

000003247660--8

-05/11/00--01016--012

\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)