

2002 UNIFORM BUSINESS REPORT (UBR)

0002716 AB

DOCUMENT # B99000000423

1. Entity Name

RK REAL ESTATE, L.P., LTD.

FILED

02 SEP 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3423 PIEDMONT RD., STE. 315
ATLANTA GA 30305

Mailing Address

3423 PIEDMONT RD., STE. 315
ATLANTA GA 30305

2. Principal Place of Business

3423 Piedmont Rd.

Suite, Apt. #, etc.
Suite 115

City & State
Atlanta, GA

Zip
30305

Country
USA

3. Mailing Address

3423 Piedmont Rd.

Suite, Apt. #, etc.
Suite 115

City & State
Atlanta, GA

Zip
30305

Country
USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number 58-2229149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT 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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,600,000.00

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 # F99000006107
NAME KLEIN REAL ESTATE COMPANY
STREET ADDRESS 3423 PIEDMONT RD., STE. 315
CITY-ST-ZIP ATLANTA GA 30305

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3423 Piedmont Rd., Suite 115

CITY-ST-ZIP

Atlanta, GA 30305

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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****935.00 ****935.00

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

John D. Heikenfeld 09/03/02 (404)814-9515

Date

Daytime Phone #

CR2E003 (4/02)