

2000 UNIFORM BUSINESS REPORT (UBR)

0015923 AB

DOCUMENT # M98000000887

1. Entity Name
TAMPA KPT LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 12:09

Principal Place of Business
11000 REGENCY PARKWAY, EAST TWR., STE. 300
CARY NC 27511

Mailing Address
11000 REGENCY PARKWAY, EAST TWR., STE. 300
CARY NC 27511-8518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2126578		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

nf 3/9/00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAC TAMPA FORMATION, INC. 11000 REGENCY PARKWAY, EAST TWR., STE. 300 CARY NC 27511	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER & MEMBER FAC TAMPA FORMATION, INC. 11000 Regency Parkway, Ste. 300 Cary, NC 27511	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KPT PROPERTIES, L.P. 11000 REGENCY PARKWAY, EAST TOWER CARY NC 27511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003169806-5 -03/14/00-01118-003 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robin W. Malphrus* *Konover Property Trust, One*
General Partner of KPT
Properties, LP, Member (919) 462-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 19/99