## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

## FILED Mar 19, 2007 08:00 AM **DOCUMENT # A04000000950 Secretary of State** 1. Entity Name KIRKLAND LAND COMPANY, LP Principal Place of Business Mailing Address **600 DELWAR ROAD 600 DELWAR ROAD** PITTSBURGH, PA 15236 PITTSBURGH, PA 15236 03122007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-1831409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURDA, MICHAEL DO NOT WRITE C/O SNAVEY FOREST PRODUCTS 2420 NEW TAMPA HIGHWAY IN THIS SPACE LAKELAND, FL 33815 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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 # F04000003258 SNAVELY-WARWICK, INC. NAME STREET ADDRESS 600 DELWAR ROAD CITY-ST-ZIP PITTSBURGH, PA 15236 DOCUMENT # NAME STREET ADDRESS U00000672935 03/29/07-80009-003 500.00 CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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