FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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DIVISION OF CORPORATIONS
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LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

KAL L, LTD.

1a. DOCUMENT # **A96000000186**

Mailing Address
% ALDREDGE PROPERTIES
SUITE 200, 6095 LAKE FORREST DRIVE
ATLANTA GA 30328

Principal Office Address
~~1031 SOUTH FIRST STREET~~
~~JACKSONVILLE BEACH FL 32250~~

3. Date Formed or Registered
01/26/1996

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$99.10

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
6095 Lake Forrest Drive
Suite, Apt. #, etc.
SUITE 200
City & State
Atlanta, Georgia
Zip Country
30328 USA

6. FEI Number
58-2218815
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired XXX **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
KAL INVESTORS, INC.	**SUITE 200, 6095 LAKE**	**ATLANTA GA 30328**	**P34038**

700001956557
-09/25/96--01065--002
****200.00 ****200.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE H C Aldredge DATE 09-17-96

Typed or Printed Name of General Partner Signing Form H C ALDREDGE Daytime Telephone Number 404-252-5600

CR2E003 (6/96)