2000	UNIFORM BUS	the protocol of	¢' I ™onedaget			
DOCU 1. Entity Nam	MENT # A960	00000186		,		EU ED
KAL L, I	.TD.				00.100	FILED
Principal Place of Business Mailing Address					00 JAN 14 PM 1:28	
6095 LAKE FORREST DRIVE. SUITE 200 ATLANTA GA 30328		% ALDREDGE PROPERTIES SUITE 200, 6095 LAKE FORREST DRIVE ATLANTA GA 30328-3847			ARY OF STATE SSEE, FLORIDA	
Principal Place of Business     3. Mailing Address			s			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE	N THIS SPACE	
City & State		City & State		4: FE! Number 58-2218815	Applied For	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent		I November 1	7. Name and Address of New Reg	stered Agent
MOTOLAW, INC. 1301 RIVERPLACE BLVD., SUITE 1301 JACKSONVILLE FL 32207				Name Street Address (P.O. Box Number is Not Acceptable)		
City 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 agei	nt and title if applicable. (NOT	TE: Registere	d Agent signature require	ed when reinstating)	DATE
9. Capital Co as Shown	on record. \$33.10	10. Amount of Capital in FLORIDA to c	date.			PAYABLE TO DEPT. OF STATE SIDE FOR FEE INFORMATION
					nt must be filed to change a gene	ral partner.
12.	GENERAL PARTNI P34038	ER INFORMATION	13.		ADDRESS CHANG	SES ONLY
NAME STREET ADDRESS	KAL INVESTORS, INC. S SUITE 200, 6095 LAKE FORREST DRIVE			EET ADDRESS '-ST-ZIP		
CITY-ST-ZIP  DOCUMENT#	ATLANTA GA 30328		STR	EET ADDRESS	•	
NAME Street Address JCITY+ST+ZIP				'-ST-ZIP	70000310 -01/21/00	057576 001017009
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STREET ADORESS CITY+ST-ZBP			CFTY	-ST-ZIP		
DOCUMENT# NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP		
OOCUMENT #  NAME  STREET ADDRESS			STRE	EET ADDRESS		•
CITY-ST-ZIP			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 the receiver or trustee empowered to execute this report is required by Chapter 620, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE AND TYPED OR PRINTED VIME OF SIGNING GENERAL PARTNER  Daytme Phone #						
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