

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016518 AF

DOCUMENT # A96000000186

1. Entity Name

KAL I, LTD.

Principal Place of Business

6095 LAKE FORREST DRIVE, SUITE 200  
ATLANTA GA 30328

Mailing Address

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

FILED

01 JAN 22 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 58-2218815

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.  
1301 RIVERPLACE BLVD., SUITE 1301  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name MOTOLAW, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
50 N. Laura St.  
Suite 2750  
City Jacksonville FL Zip Code 32202

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

*Peter O. Larsen*

Peter O. Larsen, President

1/19/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$99.10

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 # P34038  
NAME KAL INVESTORS, INC.  
STREET ADDRESS SUITE 200, 6095 LAKE FORREST DRIVE  
CITY-ST-ZIP ATLANTA GA 30328

DOCUMENT #  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800003581588-7  
-01/26/01--01043--030  
\*\*\*\*150.00 \*\*\*\*150.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 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

H.C. Aldredge

01/12/01

Date

404252-5600

Daytime Phone #

CR2E003 (11/00)