


2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
05 JUL 15 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000186		
1. Entity Name KAL L, 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07112005 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2218815	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOTOLAW, INC. 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$99.10	10. Amount of Capital Contributions in FLORIDA to date. \$99.10	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MO4000005344	STREET ADDRESS	
NAME	KAL GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	1575 NORTHSIDE DRIVE, N.W.		
CITY-ST-ZIP	ATLANTA, GA 30318		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

By: KAL GP, LLC, its general partner

SIGNATURE: Andrew C. Williams 7/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE