

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

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	
2. Principal Place of Business 1575 Northside Drive Suite, Apt. #, etc. Bldg 100, Suite 200 City & State Atlanta GA Zip 30318		3. Mailing Address 1575 Northside Dr. Suite, Apt. #, etc. Bldg 100, Suite 200 City & State Atlanta GA Zip 30318		03272006 Chg-LP CR2E003 (11/05)	
Country USA		Country USA		4. FEI Number 58-2218815	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOTOLAW, INC. 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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.					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT # MD4000005344 NAME KAL GP, LLC STREET ADDRESS 1575 NORTHSIDE DRIVE, N.W. CITY-ST-ZIP ATLANTA, GA 30318			STREET ADDRESS CITY-ST-ZIP		
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14. 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.					
SIGNATURE: <u>Julian LeCraw</u>				Date <u>3/29/06</u> Daytime Phone # <u>404-352-2800</u>	

STAPLE CHECK HERE

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