2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

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FILED Sep 14, 2007 08:00 AN Secretary of State DOCUMENT #A9600000186 1. Entity Name KAL L, LTD. Principal Place of Business Mailing Address 1575 NORTHSIDE DRIVE 1 1975 1575 NORTHSIDE DRIVE **BLDG 100, SUITE 200 BLDG 100, SUITE 200** ATLANTA, GA 30318 ATLANTA, GA 30318 08292007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2218815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent MOTOLAW, INC. DO NOT WRITE 50 NORTH LAURA STREET **SUITE 2750** IN THIS SPACE JACKSONVILLE, FL 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE Spreame, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00 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 M04000005344 DOCUMENT # NAME KAL GP. LLC STREET ADDRESS 1575 NORTHSIDE DRIVE, N.W. CITY-ST-ZIP ATLANTA, GA 30318 U00000774026 DOCUMENT # NAME 09/14/07-80003-010 500.00 STREET ADDRESS COY-ST-7IP DOCUMENT # NAME DO NOT WRITE STREET ADORESS CITY-ST-ZIP IN THIS SPACE DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP **DOCUMENT** # CHECK NAME ----STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling boes not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and occurate 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 efficure this report at required by Chapter 620, Florida Statutes SIGNATURE: