


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B05000000213</b>			
1. Entity Name <b>PEACHTREE INDUSTRIAL PROPERTY INVESTMENTS, L.P.</b>			
Principal Place of Business <b>695 LYLE CIRCLE, SUITE D LAWRENCEVILLE GA 30045</b>		Mailing Address <b>695 LYLE CIRCLE, SUITE D LAWRENCEVILLE GA 30045</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number <b>58-1979503</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>F&amp;L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE FL 32202</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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: _____	

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	F05000002972	STREET ADDRESS	
NAME	KENNESAW PROPERTY INVESTMENTS, INC.	CITY - ST - ZIP	000000665336 03/23/07-80023-023 500.00
STREET ADDRESS	695 LYLE CIRCLE, SUITE D		
CITY - ST - ZIP	LAWRENCEVILLE GA 30045		
DOCUMENT #		STREET ADDRESS	
NAME	STOVALL, ROBERT S	CITY - ST - ZIP	
STREET ADDRESS	695 LYLE CIRCLE, SUITE D		
CITY - ST - ZIP	LAWRENCEVILLE GA 30045		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:** Robert S. Stovall **Robert S. Stovall** 3-6-07 678-427-2425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE CHECK HERE