#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 JUN 10 AM 9: 16

#### DOCUMENT # B05000000213

1. Entity Name

PEACHTREE INDUSTRIAL PROPERTY INVESTMENTS.

L.P.

Principal Place of Business

695 LYLE CIRCLE, SUITE D LAWRENCEVILLE, GA 30045 Mailing Address

695 LYLE CIRCLE, SUITE D LAWRENCEVILLE, GA 30045



04282008 No Cha-LP

CR2E003 (12/06)

4. FEI Number Applied For 58-1979503 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202

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<ol><li>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. the obligations of registered agent.</li></ol>	I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

# FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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
DOCUMENT / NAME- STREET ADDRESS CITN-ST-ZIP	F05000002972 KENNESAW PROPERTY INVESTMENTS, INC. 695 LYLE CIRCLE, SUITE D LAWRENCEVILLE, GA 30045
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP	STOVALL, ROBERT S 695 LYLE CIRCLE, SUITE D LAWRENCEVILLE, GA 30045
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
DOCUMENT # NAME STREET ADDRESS CTLY+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:

00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert S. Stovall

04/19/08

(678) 427-2425

Daytime Phone II