


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1

FILED
Apr 10, 2008 8:00 am
Secretary of State

03-19-2008 90146 024 ***138.75

DOCUMENT # L04000030137
 1. Entity Name
 KLEBANOFF PROPERTIES, LLC



Principal Place of Business 411 NORTH NEW RIVER DRIVE SUITE 3604 FORT LAUDERDALE, FL 33301 US	Mailing Address 411 NORTH NEW RIVER DRIVE SUITE 3604 FORT LAUDERDALE, FL 33301 US
--	--

30005555



02262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0509095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUDOLF & HOFFMAN, P.A.
 615 NORTHEAST THIRD AVE.
 FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

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: *Harold D. Klebanoff* DATE: 3/06/08

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when resigning!

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KLEBANOFF, HAROLD D 411 NORTH NEW RIVER DRIVE SUITE 3604 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KLEBANOFF, KENNETH 910 WATER REACH COURT ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Harold D. Klebanoff* DATE: 4/06/08 954-763-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

HAROLD D. KLEBANOFF