2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007747

1. Entity Name KLP HOLDINGS, LLC

Principal Place of Business

550 BILTMORE WAY STE 970 CORAL SPRINGS, FL 33134

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Mailing Address 550 BILTMORE WAY STE 970 CORAL SPRINGS, FL 33134 FILED
May 12, 2006 08:00 Al
Secretary of State



DO NOT WRITE IN THIS SPACE

05042006 No Chg-LLC CR2E083 (11/05)

 4. FEI Number
 Applied For

 65-1023321
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Dayline Phone #

REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET, SUITE 3500 MIAMI, FL 33131-2130

6. Name and Address of Current Registered Agent

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			
	Signature, typed or printed name of registered agent and title II applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 6, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEEBLES, R. DONAHUE 550 BILTMORE WAY STE 970 CORAL SPRINGS, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000564108 05/20/06-80046-002 1100.0D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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.			

AME OF SIGHING MENAGING MEMBER, OR AUTHORIZED REPRESENTATIVE