


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001230 1. Entity Name KLEIN FAMILY INVESTMENTS LIMITED PARTNERSHIP	
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Principal Place of Business 1117 SHIPWATCH CIRCLE TAMPA, FL 33602	Mailing Address 1117 SHIPWATCH CIRCLE TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01042008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3663121	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KASS, DIANE 1117 SHIPWATCH CIRCLE TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature: typed or printed name of registered agent and title if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000070193	STREET ADDRESS	
NAME	KLEIN FAMILY INVESTMENTS, INC.	CITY-ST-ZIP	U000000775288 01/08/08-80024-004 500.00
STREET ADDRESS	1117 SHIPWATCH CIRCLE		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 *DIANE KASS for Klein Family Inv Inc.* **1/8/04** **813 2236036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #