

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000217 1. Entity Name KLEMAN PLAZA, LLLP					
Principal Place of Business 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131			Mailing Address 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131		
2. Principal Place of Business 1200 BRICKELL AVE Suite, Apt. #, etc. S. 1720		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State		4. FEI Number 70-0724336 20-2485886	
Zip 33131		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALACHI, ASLAN 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE, S. 1720 City MIAMI, FL Zip Code 33131	
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 <u><i>Aslan Palachi</i></u> ASLAN PALACHI DATE 04-15-05 <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date. 4,000,000			
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 # L03000004968 NAME BCOM-PLAZA, LLC STREET ADDRESS 1201 BRICKELL AVE., STE. 650 CITY-ST-ZIP MIAMI, FL 33131			STREET ADDRESS 1200 BRICKELL AVE, S. 1720 CITY-ST-ZIP MIAMI, FL 33131		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Aslan Palachi</i></u> ASLAN PALACHI			Date 04-15-05 Daytime Phone # 305-375-0090		

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