## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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Due By May 1, 2005							LHED	
DOCUMENT # A0300000217					2005 APR 18 PM 1: 16			
1. Entity Name KLEMAN PLAZA, LLLP						ecesi	TABY OF	CTATE
TREETO HET DE L'ELL						TALLA	ETARY OF HASSEE, F	STATE LORIDA
Principal Plac	o of Puninger	Mailing Addross						
Principal Place of Business Mailing Address 1201 BRICKELL AVE., STE. 650 1201 BRICKELL AVE., STI								
MIAMI, FL 3:	3131	MIAMI, FL 33131						
6 Delegioni D	tone of Division on							
2. Principal Place of Business 1200 BRICKELL AVE 3. Mailing Address								(8) (10) (80) (80) (8) (8)
Suite, Apt.	#, etc. 5 · 1720	Suite, Apt. #, etc.		03222005	Chg-LP	CR2E003	(10/03)	
City & State MIAMI, FL		City & State		4. FEI Number		485886	Applied For Not Applicable	
Zip 3	3131 Country	Zip	Country		5. Certificate of	f Status Desired		.75 Additional Required
	6. Name and Address of Current F	legistered Agent			7. Name and	ddress of New	Registered Age	<del></del>
PALACHI, ASLAN 1201 BRIÇKELL AVE., STE. 650 MIAMI, FL 33131				Name SAME Street Address (P.O. Box Number is Not Acceptable)				
·					IAMI.FL FL Zip Code 33/31			
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 frame of registrate fragers and title if applicable.  DATE								
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		13.	n amendmer	nt must be filed		general partne HANGES ONLY	<u>r.</u>
DOCUMENT /	L03000004968			ODRESS 12	na Ra	PUEII	AVF C	5.1720
NAME STREET ADDRESS	BCOM-PLAZA, LLC S 1201 BRICKELL AVE., STE. 650							3, ( 120
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-Z	<sup>219</sup>   <b>/</b> /	<u>iami ,</u>	FL 3	3131	
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NAME STREET ADDRESS				710	חר	<u>ID054</u>	03878	
CITY-ST-ZIP	,		CITY-ST-Z	er	05/09.	/0501ni	03878 6004 *	¥526.25
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14. Thereby	pertify that the information supplied with	this filing does not qualify for the	ne exemption	ion stated in Se	ection 119.07(3)(i)	Florida Statutes	. I further certify t	hat the information
14. I hereby certify that the information supplied with this filling 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								