

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR -7 AM 10:39

DOCUMENT # A03000000217

1. Entity Name
 KLEMAN PLAZA, LLLP



Principal Place of Business
 1200 BRICKELL AVE., STE. 1111
 MIAMI, FL 33131

Mailing Address
 1201 BRICKELL AVE, STE 650
 MIAMI, FL 33131

2. Principal Place of Business
 1200 BRICKELL AVE

3. Mailing Address
 1200 BRICKELL AVE

Suite, Apt. #, etc.
 STE 1720

Suite, Apt. #, etc.
 STE 1720

03182006 Chg-LP CR2E003 (11/05)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 76-0724336

Applied For
 Not Applicable

Zip
 33131

Zip
 33131

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALACHI, ASLAN
 1200 BRICKELL AVE., STE. 1111
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 PALACHI, ASLAN

Street Address (P.O. Box Number is Not Acceptable)

1200 BRICKELL AVE, STE 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 ASLAN PALACHI DATE 04-01-06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT # L03000004968
 NAME BCOM-PLAZA, LLC
 STREET ADDRESS 1200 BRICKELL AVE., STE. 1111
 CITY-ST-ZIP MIAMI, FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1200 BRICKELL AVE, STE 1720
 CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

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: ASLAN PALACHI DATE 04-01-06 DAYTIME PHONE # 305-375-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE