


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR -7 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000466 1. Entity Name KLEMAN ASSOCIATES, LLLP					
Principal Place of Business 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156			Mailing Address 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156		
2. Principal Place of Business 4720 Lejune Road		3. Mailing Address 4720 Lejune Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables, Fl.		City & State Coral Gables, Fl.		4. FEI Number	
Zip 33146		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STORACE, MICHAEL R 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Michael R. Storace Street Address (P.O. Box Number is Not Acceptable) 4720 Lejune Road City Coral Gables, FL Zip Code 33146	
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>[Signature]</i></u> DATE <u>4/5/05</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$8,350,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # L03000004499 NAME KLEMAN INVESTORS, LLC STREET ADDRESS 9100 SOUTH DADELAND BLVD., SUITE 1607 CITY-ST-ZIP MIAMI, FL 33156			STREET ADDRESS 4720 Lejune Road CITY-ST-ZIP Coral Gables, Fl. 33146		
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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 KLEMAN INVESTORS, LLC, BY:					
SIGNATURE: <u><i>[Signature]</i></u> , as Manager <u>25 Mar 05</u> 904-388-2696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



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