


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 10:44

DOCUMENT # A04000000466 1. Entity Name KLEMAN ASSOCIATES, LLLP	
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Principal Place of Business 4720 LEJUNE ROAD CORAL GABLES, FL 33146	Mailing Address 4720 LEJUNE ROAD CORAL GABLES, FL 33146
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2. Principal Place of Business 4720 Le Jeune Road Suite, Apt. #, etc.	3. Mailing Address 4720 Le Jeune Road Suite, Apt. #, etc.
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City & State Coral Gables, Fl.	City & State Coral Gables, Fl.
Zip 33146	Country USA



01092006 Chg-LP CR2E003 (11/05)

4. FEI Number NOT APPLICABLE	Applied For 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 STORACE, MICHAEL R 4720 LEJUNE RD CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Michael R. Storace Street Address (P.O. Box Number is Not Acceptable) 4720 Le Jeune Road City Coral Gables, FL Zip Code 33146
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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, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000004499	STREET ADDRESS	4720 Le Jeune Road
NAME	KLEMAN INVESTORS, LLC	CITY-ST-ZIP	Coral Gables, Fl. 33146
STREET ADDRESS	4720 LEJUNE ROAD		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

100066799961
 02/28/06--01017--005 **500.00

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

KLEMAN INVESTORS, LLC **F. C. Houser**
SIGNATURE: BY: [Signature], as Manager 2-10-06 904-388-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #