

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000000466

1. Entity Name
KLEMAN ASSOCIATES, LLLP



FILED

07 FEB 23 AM 10:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**4720 LE JEUNE ROAD
CORAL GABLES, FL 33146**

Mailing Address
**4720 LE JEUNE ROAD
CORAL GABLES, FL 33146**

2. Principal Place of Business - No P.O. Box #
4800 Le Jeune Road

3. Mailing Address
4800 Le Jeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-LP CR2E003 (12/06)

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33146

Country
USA

Zip
33146

Country
USA

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

6. Name and Address of Current Registered Agent

**STORACE, MICHAEL R
4720 LE JEUNE ROAD
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)
4800 Le Jeune 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

Signature, typed or printed name of registered agent and title if applicable

MICHAEL R. STORACE

2/19/07

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # **L03000004499**
NAME **KLEMAN INVESTORS, LLC**
STREET ADDRESS **4720 LE JEUNE ROAD**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **4800 Le Jeune Road**
CITY-ST-ZIP **Coral Gables, Fl. 33146**

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: **F.C. Houser / FRANK C. HOUSER** **2-6-07** **904-388-2696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #