

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017792

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** KLEMAN REAL ESTATE INVESTMENTS, LLC

**Current Principal Place of Business:**

12330 MCGREGOR WOODS CIRCLE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

12330 MCGREGOR WOODS CIRCLE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-1150074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEMAN, CHARLES  
12330 MCGREGOR WOODS CIRCLE  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** KLEMAN, CHARLES J  
**Address:** 12230 MCGREGOR WOODS CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33908 US

**Title:** MGRM ( ) Delete  
**Name:** KLEMAN, ABBY S  
**Address:** 12230 MCGREGOR WOODS CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** CHARLES KLEMAN

MR

01/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date