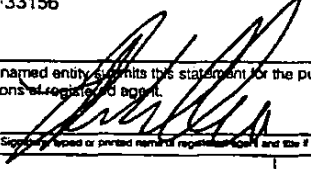
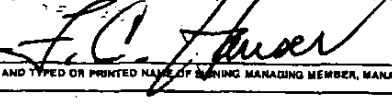


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-07-2005 90094 014 ****50.00

DOCUMENT # L03000004499			
1. Entity Name KLEMAN INVESTORS, LLC			
Principal Place of Business 9100 S. DADELAND BLVD. SUITE 1607 MIAMI, FL 33156		Mailing Address 9100 S. 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.	
Zip 33146	Country USA	Zip 33146	Country USA
6. Name and Address of Current Registered Agent STORAGE, MICHAEL R 9100 S. 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 		DATE 4/15/05	
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAUSER, FRANK 541 STOCKTON STREET JACKSONVILLE, FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Houser, Frank 524 Stockton Street Jacksonville, Fl. 32204 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SESSIONS, ANTHONY 145 EAST FIRST STREET JACKSONVILLE, FL 33206 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. 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 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: 		as Manager 25 MAR 05 904-388-2696	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30003340



02102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0869310

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

4/15/05