2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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02102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000004499

1. Entity Name
KLEMAN INVESTORS, LLC

Principal Place of Business	Mailing Address
9100 S. DADELAND BLVD. SUITE 1607 MIAMI, FL 33156	9100 S. DADELAND BLVD. SUITE 1607 MIAMI, FL 33156

2. Principal Place of Business		3. Mailing Address	
4720 Lejune Road		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

4. FEI Number: 20-0869310 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STORACE, 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 [signature] 4/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

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: F. C. Hauser, as Manager 25 MAR 05 904-388-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #