

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90132 042 ****50.00

20008009



DOCUMENT # L03000004499 1. Entity Name KLEMAN INVESTORS, LLC					
Principal Place of Business 4720 LEJUNE ROAD MIAMI, FL 33146			Mailing Address 4720 LEJUNE ROAD MIAMI, FL 33146		
2. Principal Place of Business 4720 Le Jeune Road		3. Mailing Address 4720 Le Jeune Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables, Fl.		City & State Coral Gables, Fl.		4. FEI Number 20-0869310	
Zip 33146		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33146		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent STORACE, MICHAEL R 4720 LEJUNE 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) 4720 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUSER, FRANK 524 STOCKTON STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOUSER, FRANK 524 STOCKTON STREET JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SESSIONS, ANTHONY 145 EAST FIRST STREET JACKSONVILLE, FL 33206	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 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: BY: <u>F.C. Hauser</u> F.C. HOUSER <u>2-10-06</u> <u>904-388-2696</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

LAW OFFICES OF
MICHAEL R. STORACE, P.A.
4720 LE JUNE ROAD
CORAL GABLES, FLORIDA 33146
(305) 662-4800
FAX NO. (305) 667-0940

ATTACHMENT 20008009
#L0300000 4499

February 13, 2006

Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

RE: Kleman Investors, LLC O/F#02-0052/2

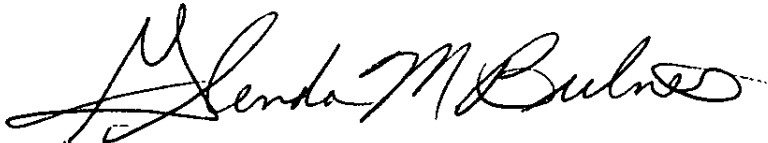
Dear Sir or Madam:

Enclosed please find the following for Kleman Investors, LLC.

- (1) Completed 2006 Limited Liability Company Annual Report for Kleman Investors, LLC.
- (2) Check #1003 in the sum of \$50.00 for the filing fees for the Annual Report for Kleman Investors, LLC.

Kindly file the Annual Report. If you need any thing further please let us know.

Sincerely,



Glenda M. Bulnes, Paralegal
126gbyr06