

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90193 015 ****50.00

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1. Entity Name
KLEMAN INVESTORS, LLC

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

Mailing Address
**4720 LEJUNE 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-LLC CR2E083 (12/06)

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
20-0869310

Applied For
Not Applicable

Zip Country
33146 USA

Zip Country
33146 USA

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

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)
4800 Le Jeune Road

City State Zip Code
Coral Gables FL 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

(NOTE: Registered Agent signature required when reinstating)

2/14/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR HOUSER, FRANK 524 STOCKTON STREET JACKSONVILLE, FL 32204 ☐ Delete

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 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FRANK C. HOUSER

2-6-07

Date

384-388-2696

Daytime Phone #