2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013955

1. Entity Name
KALMAN INVESTMENTS MANAGEMENT, LLC

Principal Place of Business	Mailing Address
12188 NW 9TH DRIVE CORAL SPRINGS, FL 33071	12188 NW 9TH DRIVE CORAL SPRINGS, FL 33071

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01102005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
56-2350333	Not Applicable

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

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6. Name and Address of Current Registered Agent

KALMAN, ALFRED
12188 NW 9TH DRIVE
CORAL SPRINGS, FL 33071

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   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KALMAN, ALFRED
STREET ADDRESS	12188 NW 9TH DR
CITY-ST-ZIP	POMPANO BEACH, FL 33071
TITLE	VP
NAME	KALMAN, JOHN
STREET ADDRESS	12188 NW 9TH DR
CITY-ST ZIP	POMPANO BEACH, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _Alfred Kalman_   X 1-17-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #