

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90022 031 ****50.00

DOCUMENT # L03000013955

1. Entity Name

KALMAN INVESTMENTS MANAGEMENT, LLC



Principal Place of Business

12188 NW 9TH DRIVE
CORAL SPRINGS, FL 33071

Mailing Address

12188 NW 9TH DRIVE
CORAL SPRINGS, FL 33071

000022920



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2350333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KALMAN, JOAN *Adice*
12188 NW 9TH DR
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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IN THIS SPACE**

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: *x Alfred Ueef*

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

Date

Daytime Phone #

x 3.1304

ATTACHMENT²
BLECKER, LEWINGER & COMPANY

20022420

Certified Public Accountants

#LO3000013955
FILING INSTRUCTIONS

To: Kalman Investments Management, LLC Date: February 22, 2006

**Form/ 2006 Limited Liability Company
Return: Annual Report**

Date Due: May 1, 2006

Amount Due: \$50.00

**Make Check
Payable To: Florida Department of State**

**Signing
Instructions: The attached form must be signed by an authorized
person where indicated by the "X".**

**Mailing
Instructions: Please mail the signed form & check to:**

**Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314**

Self-addressed envelope enclosed.