


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000013955 1. Entity Name KALMAN INVESTMENTS MANAGEMENT, LLC	
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Principal Place of Business 12188 NW 9TH DRIVE CORAL SPRINGS, FL 33071	Mailing Address 12188 NW 9TH DRIVE CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2350333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000842948
03/11/08-80051-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALMAN, ALFRED 12188 NW 9TH DR POMPAÑO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KALMAN, <i>Tobie</i> 12188 NW 9TH DR POMPAÑO BEACH, FL 33071
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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* *cheel* **2008** **4547260035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #