

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000024605**

1. Entity Name  
**TUMBLIN KLING, LLC**



Principal Place of Business  
**23 HAMPSHIRE LANE  
BOYNTON BEACH, FL 33436**

Mailing Address  
**23 HAMPSHIRE LANE  
BOYNTON BEACH, FL 33436**



06162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>51-0478294</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

**WEINSTEIN & SCHARF, P.A.  
1999 UNIVERSITY DRIVE, STE. 402  
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 resetting)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

U000000587423  
06/20/06-80002-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                 |                         |
|-----------------|-------------------------|
| TITLE           | MGR                     |
| NAME            | SCHARF, MALCOLM         |
| STREET ADDRESS  | 23 HAMPSHIRE LANE       |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33436 |

|                 |                         |
|-----------------|-------------------------|
| TITLE           | MGR                     |
| NAME            | SCHARF, RHODA           |
| STREET ADDRESS  | 23 HAMPSHIRE LANE       |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33436 |

|                 |  |
|-----------------|--|
| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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| TITLE           |  |
| NAME            |  |
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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:**

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

Date

Daytime Phone #

*Malcolm Scharf*

6/17/06 (561) 734-8901