


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90074 001 ***300.00

DOCUMENT # L03000051857	
1. Entity Name KL FINANCIAL GROUP IR FUND, LLC	

Principal Place of Business 631 U.S. HIGHWAY 1 SUITE 307 NORTH PALM BEACH, FL 33408 US	Mailing Address 631 U.S. HIGHWAY 1 SUITE 307 NORTH PALM BEACH, FL 33408 US
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34001986



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02172004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	
WORTMAN, SCOTT J 7108 FAIRWAY DRIVE SUITE 225 PALM BEACH GARDENS, FL 33418	

4. FEI Number 20-041675516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KL TRIANGULUM MANAGEMENT, LLC 631 U.S. HIGHWAY 1, SUITE 307 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Walter J. Lee* **2-24-04** (561) 494-0762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #