


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000011047</b> 1. Entity Name <b>KLEIN &amp; DOBBINS, P.L.</b>		
Principal Place of Business <b>805 VIRGINIA AVENUE SUITE 25 FT PIERCE, FL 34982</b>	Mailing Address <b>805 VIRGINIA AVENUE SUITE 25 FT PIERCE, FL 34982</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>COEL, MARK A ESQ ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431-0000</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KLEIN, ROBERT N 805 VIRGINIA AVENUE SUITE 25 FORT PIERCE, FL 34982</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V DOBBINS, W. LEE 805 VIRGINIA AVENUE SUITE 25 FORT PIERCE, FL 34982</b>	
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 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: <u><i>Robert N. Klein</i></u> <u><i>Robert N. Klein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u><i>2/27/06</i></u> <u><i>772-409-1133</i></u> <small>Date Daytime Phone #</small>



02202006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0713209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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03/14/06-80022-008 50.00