2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000011047

1. Entity Name KLEIN & DOBBINS, P.L.

Apr 04, 2007 08:00 Al Secretary of State

Principal Place of Business

805 VIRGINIA AVENUE

SUITE 25 FT PIERCE, FL 34982 Mailing Address

805 VIRGINIA AVENUE SUITE 25

FT PIERCE, FL 34982



03222007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-0713209 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

FILED

6. Name and Address of Current Registered Agent			÷ 1111 · · · · · · · · · · · · · · · · ·
COEL, MARK A ESQ ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431-0000			DO NOT WRITE IN THIS SPACE
	e named entity submits this statement for the purpose of char- tions of registered agent.		d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating) DATE
F D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P KLEIN, ROBERT N 805 VIRGINIA AVENUE SUITE 25 FORT PIERCE, FL 34982		U00000688963 04/11/07-80017-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOBBINS, W. LEE 805 VIRGINIA AVENUE SUITE 25 FORT PIERCE, FL 34982		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
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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 the 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 error where 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 error where 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 of the liability company or the

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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