## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Apr 15, 2008 08:00 AN **DOCUMENT # L04000011047 Secretary of State** 1. Entity Name KLEIN & DOBBINS, P.L. Principal Place of Business Mailing Address **805 VIRGINIA AVENUE 805 VIRGINIA AVENUE** SUTTE 25 SUITE 25 FT PIERCE, FL 34982 FT PIERCE, FL 34982 CR2E083 (12/07) 04092008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0713209 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COEL, MARK A ESQ ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 IN THIS SPACE BOCA RATON, FL 33431-0000 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138,75 U00000898547 After May 1, 2008 Fee will be \$538.75 04/28/08-80001-008 9. MANAGING MEMBERS/MANAGERS TITLE KLEIN, ROBERT N NAME STREET ADDRESS **805 VIRGINIA AVENUE SUITE 25** CITY-ST-ZP FORT PIERCE, FL. 34982 TITLE DOBBINS, W. LEE NAME STREET ADDRESS **805 VIRGINIA AVENUE SUITE 25** CITY-ST-ZEP FORT PIERCE, FL 34982 TITLE NAME STREET ADDRESS DO NOT WRITE CTY-ST-7P TITLE THIS SPACE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 imited liability company or the receiver or manager of the execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADORESS CITY-ST-7/P