
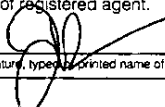
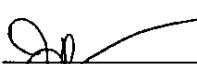


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am]**  
**Secretary of State**

03-31-2008 90269 024 \*\*\*138.75

**60018353**

<b>DOCUMENT # L04000034961</b> 1. Entity Name <b>KLEIN &amp; SALLAH, LLC</b>					
Principal Place of Business <b>2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431</b>			Mailing Address <b>2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>2101 NW CORPORATE BLVD.</b>		3. Mailing Address <b>2101 NW CORPORATE BLVD.</b>			
Suite, Apt. #, etc. <b>218</b>		Suite, Apt. #, etc. <b>218</b>			
City & State <b>BOCA RATON, FLORIDA</b>		City & State <b>BOCA RATON, FLORIDA</b>		4. FEI Number <b>20-1104806</b>	
Zip <b>33431</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SALLAH, JAMES D 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>SALLAH, JAMES D</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 N.W. CORPORATE BLVD., STE 218</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</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  <b>James D. Sallah, Registered Agent</b> <b>03/27/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES D. SALLAH P.A. 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES D. SALLAH, P.A. 2101 NW CORPORATE BLVD., STE 218 BOCA RATON, FLORIDA 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARY A. KLEIN P.A. 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARY A. KLEIN, P.A. 2101 NW CORPORATE BLVD., STE 218 BOCA RATON, FLORIDA 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			<b>James D. Sallah, Managing Member</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>03/27/2008</b> <b>(561) 989-9080</b> <small>Date Daytime Phone #</small>		