


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000059066			
1. Entity Name KLALE PROPERTIES, LLC			
Principal Place of Business <del>C/O MARC H. AUERBACH, ESQ.</del> <del>201 S. BISCAYNE BLVD., SUITE 2000</del> <del>MIAMI, FL 33131</del>		Mailing Address <del>C/O MARC H. AUERBACH, ESQ.</del> <del>201 S. BISCAYNE BLVD., SUITE 2000</del> <del>MIAMI, FL 33131</del>	
2. Principal Place of Business 4040 LA PLAYA BLVD Suite, Apt. #, etc.		3. Mailing Address 4040 LA PLAYA BLVD Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami, FL	
Zip 33133	Country USA	Zip 33133	Country USA
6. Name and Address of Current Registered Agent <del>AUERBACH, MARC H. ESQ.</del> <del>201 S. BISCAYNE BLVD., SUITE 2000</del> <del>MIAMI, FL 33131</del>		7. Name and Address of New Registered Agent Name: ELLEN KLAPPHOLZ Street Address (P.O. Box Number is Not Acceptable): 4040 LA PLAYA BLVD City: Miami FL Zip Code: 33133	
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: <u>Ellen Klappholz</u> <u>Ellen Klappholz - mgr.</u> DATE: <u>4-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE LEVY LIVING TRUST 4040 LA PLAYA BLVD. COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLAPPHOLZ, ELLEN 4040 LA PLAYA BLVD. COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500054117105 05/10/05--01001--009 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLAPPHOLZ, MARIO 4040 LA PLAYA BLVD. COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. O. [Signature]

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

Date

Daytime Phone #

4-12-05

305-667-7090