

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90026 030 ***138.75

DOCUMENT # L04000059773

1. Entity Name
KLEMAN REAL ESTATE INVESTMENT II, L.L.C.



Principal Place of Business
12330 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33908 US

Mailing Address
12330 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33908 US

00050506



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1629731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEMAN, CHARLES
12330 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33908

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IN THIS SPACE**

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 *Charles J. Kleman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE *4/16/08*

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KLEMAN, CHARLES J
12330 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DRAKE, T. DREW
13710 COLLEGE PARKWAY
FT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Charles J. Kleman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE *4/16/08* 239-274-4105
Daytime Phone #