

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059773

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** KLEMAN REAL ESTATE INVESTMENT II, L.L.C.

**Current Principal Place of Business:**

12330 MCGREGOR WOODS CIRCLE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

12330 MCGREGOR WOODS CIRCLE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 20-1629731      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KLEMAN, CHARLES J  
Address: 12330 MCGREGOR WOODS CIRCLE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR ( ) Delete  
Name: OREW, DRAKE T  
Address: 7370 COLLEGE PKWY  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: DREW, DRAKE T  
Address: 13633 BRYNWOOD LN  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DREW DRAKE

MGR

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date