2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066775

Entity Name: KLOHN GROVE SI, LLC

FILED Mar 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2180 IMMOKALEE ROAD 2180 IMMOKALEE ROAD SUITE 308

SUITE 309

NAPLES FL 34110 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

2180 IMMOKALEE ROAD 2180 IMMOKALEE ROAD SUITE 308 SUITE 309

NAPLES, FL 34110 NAPLES, FL 34110 US

FEI Number: 20-1790316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KLOHN, WILLIAM L KLOHN, WILLIAM L 2180 IMMOKALEE RD. 2180 IMMOKALEE RD. SUITE 308 SUITE 309 NAPLES, FL 34110 US NAPLES, FL 34110 US

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: 03/14/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition KLOHN, DONALD K KLOHN, DONALD K Name: Name:

Address: 4043 APINE AVE Address: 283 SUNFLOWER CT

City-St-Zip: VADNAIS HEIGHTS, MN 55127 US City-St-Zip: VADNAIS HEIGHTS, MN 55127 US

Title: MGRM () Delete Title: () Change () Addition

Name: GROVE, JAMES Name: Address: 4 ISLAND ROAD Address: City-St-Zip: NORTH OAKS, MN 55127 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: DONALD K. KLOHN 03/14/2006