

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033007

FILED
Feb 13, 2007
Secretary of State

Entity Name: KLARITCH PROPERTIES, LLC

Current Principal Place of Business:

1550 NW 101ST WAY
PLANTATION, FL 333226503

New Principal Place of Business:

Current Mailing Address:

1550 NW 101ST WAY
PLANTATION, FL 333226503

New Mailing Address:

FEI Number: 20-2621676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGRM () Delete
Name: KLARITCH, THOMAS M
Address: 1550 NW 101ST WAY
City-St-Zip: PLANTATION, FL 333226503

Title: MGRM () Delete
Name: KLARITCH, JOHN TRUSTEE
Address: 1550 NW 101ST WAY
City-St-Zip: PLANTATION, FL 333226503

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ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
Name:
Address:
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 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: THOMAS M KLARITCH

MR

02/13/2007

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