

**2007 LIMITED LIABILITY COMPANY -  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000099009**

1. Entity Name  
**K & H PARTNERS, L.L.C.**



Principal Place of Business  
**C/O KLAR & KLAR  
28473 U.S. HWY 19 NORTH STE 6022  
CLEARWATER, FL 33761**

Mailing Address  
**C/O KLAR & KLAR  
28473 U.S. HWY 19 NORTH STE 6022  
CLEARWATER, FL 33761**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3349395**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HIRSCHBERGER, JAMES  
28473 U.S. HWY 19 NORTH STE 602  
CLEARWATER, FL 33761**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KLAR, STEVEN  
28473 US HWY 19 NORTH STE 602  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KLAR, ROBERTA  
28473 US HWY 19 NORTH STE 602  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HIRSCHBERGER, JAMES J  
28473 US HWY 19 NORTH STE 602  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HIRSCHBERGER, SIMONE  
28473 US HWY 19 NORTH STE 602  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000738464  
05/11/07-80069-006 50.00

**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:**

*Robert S. Kle*

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

Date

Daytime Phone #

**727-  
4-23-07 799-5420**