


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90020 013 \*\*\*138.75

<b>DOCUMENT # L05000099009</b> 1. Entity Name K & H PARTNERS, L.L.C.	
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<b>Principal Place of Business</b> C/O KLAR & KLAR 28473 U.S. HWY 19 NORTH STE 6022 CLEARWATER, FL 33761	<b>Mailing Address</b> C/O KLAR & KLAR 28473 U.S. HWY 19 NORTH STE 6022 CLEARWATER, FL 33761
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30007100



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3349395	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  HIRSCHBERGER, JAMES 28473 U.S. HWY 19 NORTH STE 602 CLEARWATER, FL 33761
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**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.

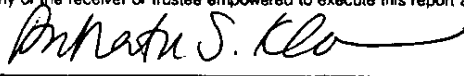
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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 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	

**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: 

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

Date

Daytime Phone #