2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L05000099009

Entity Name: K & H PARTNERS, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3349395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRSCHBERGER, JAMES
28473 U.S. HWY 19 NORTH STE 602
CLEARWATER, FL 33761 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: KLAR, STEVEN
Address: 28473 US HWY 19 NORTH STE 602
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete
Name: KLAR, ROBERTA
Address: 28473 US HWY 19 NORTH STE 602
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete
Name: HIRSCHBERGER, JAMES J
Address: 28473 US HWY 19 NORTH STE 602
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete
Name: HIRSCHBERGER, SIMONE
Address: 28473 US HWY 19 NORTH STE 602
City-St-Zip: CLEARWATER, FL 33761

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:

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: JAMES HIRSCHBERGER MGR 01/06/2009

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