

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000116303

1. Entity Name
KLEIN & ASSOCIATES, LLC



Principal Place of Business
10429 MULLIGAN COURT
TAMPA, FL 33647

Mailing Address
10429 MULLIGAN COURT
TAMPA, FL 33647

40122172



06132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KLEIN, KLAUS P
STREET ADDRESS 10429 MULLIGAN COURT
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Klaus P. Klein KLAUS P. KLEIN 15 Jun 07 813-9071484

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

Date

Daytime Phone #