2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L06000079321

Entity Name: KLIPPER REALTY OF FLORIDA, LLC

Current Principal Place of Business:

1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

10295 COLLINS AVE
314
BAL HARBOUR, FL 33154

Current Mailing Address:

68 WHEATLEY ROAD
BROOKVILLE, NY 11545

New Mailing Address:

FEI Number: 20-8428589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: KLIPPER, MICHAEL
Address: 1840 SOUTHWEST 22ND STREET, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: ST ( ) Delete
Name: KLIPPER, MICHAEL
Address: 1840 SOUTHWEST 22ND STREET, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KLIPPER, MICHAEL
Address: 10295 COLLINS AVE, SUITE 314
City-St-Zip: BAL HARBOUR, FL 33154

Title: ST (X) Change ( ) Addition
Name: KLIPPER, MICHAEL
Address: 10295 COLLINS AVE, SUITE 314
City-St-Zip: BAL HARBOUR, FL 33154

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: MICHAEL KLIPPER MGRM 01/21/2009

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