

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030488

FILED
Aug 27, 2008
Secretary of State

Entity Name: KLARAS SQUARE HOLDING, LLC

Current Principal Place of Business:

141 N.W. 20TH STREET, SUITE B-7
BOCA RATON, FL 33431

New Principal Place of Business:

621 NW 53RD STREET
SUITE 240
BOCA RATON, FL 33487

Current Mailing Address:

141 N.W. 20TH STREET, SUITE B-7
BOCA RATON, FL 33431

New Mailing Address:

621 NW 53RD STREET
SUITE 240
BOCA RATON, FL 33487

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

JOHN H. ACKERMANN
621 NW 53RD STREET
SUITE 240
BOCA RATON, FL 33487 US

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: JOHN H ACKERMANN

08/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACKERMANN, JOHN H
Address: 141 N.W. 20TH STREET, SUITE B-7
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ACKERMANN, JOHN H
Address: 621 NW 53RD STREET, SUITE 240
City-St-Zip: BOCA RATON, FL 33487

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: JOHN H. ACKERMANN

MGR

08/27/2008

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