

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90269 047 \*\*\*138.75

|  |  |                                 |  |   |   |
|--|--|---------------------------------|--|---|---|
| <b>DOCUMENT # L07000089545</b>   |  |                                 |  |                |   |
| 1. Entity Name<br><b>BOOKKEEPING SOLUTIONS BY KLH, LLC</b>   |  |                                 |  |   |   |
| Principal Place of Business<br><b>719 THISTLELAKE DRIVE<br/>VENICE, FL 34293</b>   |  |                                 | Mailing Address<br><b>719 THISTLELAKE DRIVE<br/>VENICE, FL 34293</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |  |   |   |
| City & State   |  | City & State                    |  | 03202008 Chg-LLC CR2E083 (12/06)  |   |
| Zip  |  | Country                         |  | 4. FEI Number<br><b>38-3764204</b>  |   |
|  |  |                                 |  | Applied For<br>Not Applicable   |   |
|  |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent  |  |                                 | 7. Name and Address of New Registered Agent                          |   |   |
| <b>HUEBNER, KAREN L<br/>719 THISTLELAKE DRIVE<br/>VENICE, FL 34293</b>   |  |                                 | Name   |   |   |
|  |  |                                 | Street Address (P.O. Box Number is Not Acceptable)                   |   |   |
|  |  |                                 | City   |   |   |
|  |  |                                 | <b>FL</b>  |   | Zip Code  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                                 |  |   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>         |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>HUEBNER, KAREN<br/>719 THISTLELAKE DRIVE<br/>VENICE, FL 34293</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Karen L Huebner</i>  |  |                                 | Date: <i>3/27/08</i>   |   | Daytime Phone #: <i>941-716-0959</i>                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                 |  |   |   |