2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L08000071037

Entity Name: KLEINBERG, INGRAM, & MURPHY, P.L.

Current Principal Place of Business:

2189 RINGLING BLVD.
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2189 RINGLING BLVD.
SARASOTA, FL 34237

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, STEPHANIE L
2189 RINGLING BLVD.
SARASOTA, FL 34237 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: MGRM ( ) Delete
Name: KLEINBERG, LISA J
Address: 2189 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete
Name: INGRAM, BARBARA J
Address: 2189 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete
Name: MURPHY, STEPHANIE L
Address: 2189 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237

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:

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: BARBARA J. INGRAM MGRM 04/01/2009

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