

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90023 025 \*\*\*\*50.00

**DOCUMENT # L97000000129**

1. Entity Name

KLR ENTERPRISES, L.C.



Principal Place of Business

1 SOUTH  
PENSACOLA FL 32501

Mailing Address

600 UNIVERSITY OFFICE BLVD  
1-C  
PENSACOLA FL 32504

2. Principal Place of Business

600 University Office Blvd

3. Mailing Address

Suite, Apt. #, etc.

#1-C

City & State

Pensacola, FL

City & State

Zip

32504

Country

USA

Zip

Country

4. FEI Number

59-3439898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

FLEMING, FLETCHER  
226 S. PALAFOX PLACE  
SEVENTH FLOOR  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MEM ☐ Delete  
NAME LINDINGER, KARL  
STREET ADDRESS KAROLINGERSIR, 13/W. 8011 ASCHHEIM  
CITY-ST-ZIP REPUBLIC OF GERMANY

TITLE MEM ☐ Delete  
NAME LINDINGER, RENATE M  
STREET ADDRESS KAROLINGERSIR, 13/W. 8011 ASCHHEIM  
CITY-ST-ZIP REPUBLIC OF GERMANY

TITLE V ☐ Delete  
NAME GANDJI, DJ  
STREET ADDRESS 5896 MOORS OAK DRIVE  
CITY-ST-ZIP AVALON BEACH FL 32583

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1700 Scenic Hwy., #501  
CITY-ST-ZIP Pensacola, FL 32503

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

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

4/13/06 850-478-7654

Date

Daytime Phone #