


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90272 018 \*\*\*\*50.00

**DOCUMENT # L03000007093**

1. Entity Name  
**KNOWLEDGEABLE DECISIONS, LLC**



Principal Place of Business <b>138 VINTAGE ISLE LANE          PALM BEACH GARDENS, FL 33418</b>	Mailing Address <b>138 VINTAGE ISLE LANE          PALM BEACH GARDENS, FL 33418</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



05262006 Chg-LLC CR2E083 (11/05)

**6. Name and Address of Current Registered Agent**

**ROBBINS, CHRISTINE M ESQ  
 BUTZEL LONG  
 1200 N. FEDERAL HIGHWAY, SUITE 420  
 BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name  
**JOHN J. RAYMOND, JR., ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**BUTZEL LONG  
 1200 N. Federal Highway, Suite 420**

City  
**Boca Raton**      **FL**      Zip Code  
**33432**

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 *John J. Raymond, Jr.*      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DAWES, KAREN T 138 VINTAGE ISLE LANE PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *K Dawes*      Date 6/20/06      Daytime Phone # 4018420755

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