


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90051 018 \*\*\*\*50.00

**DOCUMENT # L04000040538**

1. Entity Name  
**KNOT TEE TIME, LLC**



Principal Place of Business  
**789 HARBOUR ISLES COURT  
 NORTH PALM BEACH, FL 33410**

Mailing Address  
**789 HARBOUR ISLES COURT  
 NORTH PALM BEACH, FL 33410**

60030633

2. Principal Place of Business  
**353 OLD JUPITER BEACH Rd**

3. Mailing Address  
**525 N. TRYON STREET.**

Suite, Apt. #, etc.  
**1700**



04262005 Chg-LLC CR2E083 (10/03)

City & State  
**JUPITER FL**

City & State  
**CHARLOTTE NC**

Zip  
**33477**

Country  
**USA**

Zip  
**28202**

Country  
**USA**

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**VICKAR, L. KERRY  
 789 HARBOUR ISLES COURT  
 NORTH PALM BEACH, FL 33410**

7. Name and Address of New Registered Agent  
 Name  
**VICKAR, L. KERRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**353 OLD JUPITER BEACH ROAD**  
 City  
**JUPITER, FL** Zip Code  
**33477**

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  DATE **5/5/05**

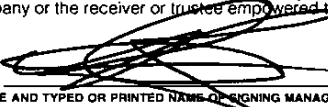
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VICKAR, L. KERRY		NAME VICKAR, L. KERRY	
STREET ADDRESS 789 HARBOUR ISLES COURT		STREET ADDRESS 353 OLD JUPITER BEACH ROAD	
CITY-ST-ZIP NORTH PALM BEACH, FL 33410		CITY-ST-ZIP JUPITER, FL 33477	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **5/5/05** DAYTIME PHONE #

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