

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90384 008 \*\*\*\*55.00

**DOCUMENT # L04000062444**

1. Entity Name  
**KN CONSULTANTS, LLC**



Principal Place of Business  
**1008 BARKWOOD COURT  
 SAFETY HARBOR, FL 34695**

Mailing Address  
**1008 BARKWOOD COURT  
 SAFETY HARBOR, FL 34695**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 1212**  
 Suite, Apt. #, etc.

City & State  
**SAFETY HARBOR, FL**

Zip  
**34695**

Country  
**US**

03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1529196**

Applied For  
 Not Applicable

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

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

**FOWLER WHITE BOGGS BANKER, P.A.  
 C/O HUNTER J. BROWNLEE  
 501 E. KENNEDY BLVD., SUITE 1700  
 TAMPA, FL 33602**

**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 \_\_\_\_\_ 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 May 1, 2005**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>MANAGER JOHN J. KELLY 1008 BARKWOOD CT SAFETY HARBOR, FL 34695</b>	
<b>MANAGER DON NEHRIG 4020 W. LEONA ST TAMPA, FL 33629</b>	

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:** *John J. Kelly* **JOHN J. KELLY** **3/14/05** **727-543-7873**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #