


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000062444**  
 1. Entity Name  
 KN CONSULTANTS, LLC



Principal Place of Business: 1008 BARKWOOD COURT, SAFETY HARBOR, FL 34695 US  
 Mailing Address: P.O. BOX 1212, SAFETY HARBOR, FL 34695 US

**DO NOT WRITE IN THIS SPACE**



01092006No Chg-LLC CR2E083 (11/05)

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

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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: \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

1100000384796  
 01/17/06-80030-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KELLY, JOHN J
STREET ADDRESS	1008 BARKWOOD COURT
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	MGR
NAME	NEHRIG, DON
STREET ADDRESS	4020 WEST LEONA STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *John J. Kelly* 1/9/06 727-543-7873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #