


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019344 1. Entity Name KNOPF ENTERPRISES, LLC	
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Principal Place of Business 1817 FLORIDA AVE. JACKSONVILLE, FL 32206	Mailing Address 1817 FLORIDA AVE. JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE



04302008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1926834	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KNOPF, RALPH J 5515 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207
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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNOPF, RALPH J 3641 EVE DRIVE WEST JACKSONVILLE, FL 322464735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNOPF, RONALD W 8869 BRIARWOOD ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNOPF, RAYMOND E 5556 MANFIELDS PLACE JACKSONVILLE, FL 322075972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/29/08-80013-004 138.75

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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: *Ralph J Knopf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #