

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019344

FILED
Mar 19, 2009
Secretary of State

Entity Name: KNOPF ENTERPRISES, LLC

Current Principal Place of Business:

1817 FLORIDA AVE.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1817 FLORIDA AVE.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 20-1926834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOPF, RALPH J
5515 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

KNOPF, RALPH J
3641 EVE DRIVE WEST
JACKSONVILLE, FL 322464735 US

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.

SIGNATURE:

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KNOPF, RALPH J
Address: 3641 EVE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 322464735

Title: MGRM () Delete
Name: KNOPF, RONALD W
Address: 8869 BRIARWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: KNOPF, RAYMOND E
Address: 5556 MANFIELDS PLACE
City-St-Zip: JACKSONVILLE, FL 322075972

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date