


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-06-2007 90074 016 ****50.00

DOCUMENT # L06000050471

1. Entity Name
KNOT DIGGIN', LLC



Principal Place of Business Mailing Address
2123 GRASSY POINT ROAD PO BOX 8170
SOUTHPORT, FL 32409 US SOUTHPORT, FL 32409 US

30002831



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122007 Chg-LLC CR2E083 (12/08)

4. FEI Number **27-0143400** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWEARINGTON, MICHAEL W 2123 GRASSY POINT ROAD SOUTHPORT, FL 32409		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEARINGTON, MICHAEL W			NAME			
STREET ADDRESS	PO BOX 8170			STREET ADDRESS			
CITY - ST - ZIP	SOUTHPORT, FL 32409			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEARINGTON, TAMMI K			NAME			
STREET ADDRESS	PO BOX 8170			STREET ADDRESS			
CITY - ST - ZIP	SOUTHPORT, FL 32409			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Staci Corbin		
STREET ADDRESS				STREET ADDRESS	PO Box 8170		
CITY - ST - ZIP				CITY - ST - ZIP	Southport FL 32409		
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 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: Staci Corbin Date: 2-14-07 Daytime Phone #: 950-265-9166