

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062952

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: KNR FINANCE, LLC

**Current Principal Place of Business:**

C/O KARIM MASRI  
1691 MICHIGAN AVE., SUITE #325  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1691 MICHIGAN AVE  
STE 325  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-5154404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GILBERT-LYTTLE, DEBORA K  
1691 MICHIGAN AVE  
STE 325  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

GONZALEZ, ERNESTO J CFO  
1691 MICHIGAN AVE  
STE 325  
MIAMI BEACH, FL 33139 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: ERNESTO J GONZALEZ

04/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MASRI, KARIM  
Address: 1691 MICHIGAN AVE., SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: SCHON, NICOLA  
Address: 1691 MICHIGAN AVE., SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: SEIKALY, RONY  
Address: 1691 MICHIGAN AVE., SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: SIERVO, NICOLA  
Address: 1691 MICHIGAN AVE., SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

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: KARIM MASRI

MGRM

04/12/2009

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