

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099192

FILED
Jun 10, 2008
Secretary of State

Entity Name: CLOSE KNIT INVESTORS, LLC

Current Principal Place of Business:

3383 NW 193RD STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3383 NW 193RD STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 33-1150905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KNIGHT, LASHAWN L
3383 NW 193RD STREET
MIAMI, FL 33056 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: KNIGHT, LEROY JR.
Address: 3383 NW 193RD STREET
City-St-Zip: MIAMI, FL 33056

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

Title: MGRM () Delete
Name: KNIGHT, LASHAWN
Address: 3383 NW 193RD STREET
City-St-Zip: MIAMI, FL 33056

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

Title: MGRM () Delete
Name: DAVIS, JOHN
Address: 18722 NW 10TH COURT
City-St-Zip: MIAMI, FL 33169

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

Title: MGRM () Delete
Name: DAVIS, SOPHIA
Address: 18722 NW 10TH COURT
City-St-Zip: MIAMI, FL 33169

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

Title: MGRM () Delete
Name: KEARSON, RAWN
Address: 9761 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

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

Title: MGRM () Delete
Name: KEARSON, MAE BELL
Address: 9761 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

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: LASHAWN L. KNIGHT

PRES

06/10/2008

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