


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/29/2008-90020-033-S138.75-S138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:19

| | | | | | |
|--|--|---------------------------------|---|--|--|
| DOCUMENT # L07000096060 | | | |  | |
| 1. Entity Name KNR MICHIGAN, LLC | | | | | |
| Principal Place of Business 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 | | | Mailing Address 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 | | |
| 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 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GILBERT-LYTLE, DEBORA K-ED C.F.D. 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 | | | | 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 re-appointing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEIKALY, RONY 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MASRI, KARIM 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIERVO, NICOLA 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHONO, NICOLA 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 _____ | | | Date 04/28/08 Daytime Phone # 308-698-0288 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1079279** Applied For Not Applicable

B. Tadlock JUN 02 2008