


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L07000096060</b> 1. Entity Name KNR MICHIGAN, LLC	
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Principal Place of Business 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139	Mailing Address 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip      Country	City & State  Zip      Country
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FILED

*Amended*  
08 AUG 25 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08142008    Chg-LLC    CR2E083 (12/06)

4. FEI Number 26-1079279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  GILBERT-LYTTLE, DEBORA K CFO 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Deborah K Gilbert-Little, CFO*      DATE 08/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGRM SEIKALY, RONY <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	900135022749 08/27/08--01041--008    **\$5.00
TITLE NAME	MGRM MASRI, KARIM <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGRM SIERVO, NICOLA <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGRM SCHONO, NICOLA <input type="checkbox"/> Delete	TITLE NAME	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	SCHON, NICOLA 1691 MICHIGAN AVE SUITE 325 MIAMI BEACH, FL 33139
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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: *[Signature]*      Date 08/14/08      Daytime Phone # 308-695-0288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #