

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000009200

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** KNOWLES CAPTIVA PROPERTY, LLC

**Current Principal Place of Business:**

527 N. 67TH STREET  
SEATTLE, WA 98103

**New Principal Place of Business:**

**Current Mailing Address:**

527 N. 67TH STREET  
SEATTLE, WA 98103

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

ROUTH, GENE  
16778 CAPTIVA DRIVE  
BOX 264  
CAPTIVA, FL 33924 US

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

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:**

Title: MGRM  
Name: KNOWLES, SARAH C  
Address: 527 N. 67TH STREET  
City-St-Zip: SEATTLE, WA 98103

Title: MGRM  
Name: KNOWLES, PETER S  
Address: 17627 TALBOT ROAD  
City-St-Zip: EDMONDS, WA 98026

Title: MGRM  
Name: MCINTIRE, LESLEY K  
Address: 640 PEARL AVENUE  
City-St-Zip: ST. LOUIS, MO 63122

Title: MGRM  
Name: KNOWLES, ELIZABETH B  
Address: 529 WEST 42ND STREET  
City-St-Zip: NEW YORK, NY 10036

I hereby 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: SARAH C. KNOWLES                      MGRM                      01/07/2010

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