

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000871

Entity Name: BESTKNIVES LLC

FILED
Jun 30, 2004
Secretary of State

Current Principal Place of Business:

3615 SW 17TH PL
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

PO BOX 151048
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 22-3705130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRASSIA, MICHAEL
3615 SW 17TH PL
CAPE CORAL, FL 33914

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/MEMBERS:

Title: MGR () Delete
Name: INGRASSIA, MICHAEL
Address: 3615 SW 17TH PL
City-St-Zip: CAPR CORAL, FL 33914

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL INGRASSIA

MM

06/30/2004

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