

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004756

Entity Name: K. N. LAND INVESTMENTS, LLC

FILED
Feb 07, 2005
Secretary of State

Current Principal Place of Business:

3300 PALM AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

12077 N COUNTRY CLUB DR
CHARLEVOIX, MI 49720

New Mailing Address:

FEI Number: 65-1002069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, NICOLASA M
3141 MEANDERING WAY
101
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

THOMAS, NICOLASA M
3300 PALM AVE.
FORT MYERS, FL 33901 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:

02/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: THOMAS, NICOLASA M
Address: 3141 MEANDERING WAY #101
City-St-Zip: FT. MYERS, FL 33905

Title: MGRM () Delete
Name: THOMAS, KIP
Address: 3141 MEANDERING WAY #101
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMAS, NICOLASA M
Address: 12077 N. COUNTRY CLUB DR.
City-St-Zip: CHARLEVOIX, MI 49720

Title: MGRM (X) Change () Addition
Name: THOMAS, KIP
Address: 12077 N. COUNTRY CLUB DR
City-St-Zip: CHARLEVOIX, MI 49720

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: NICOLASA M. THOMAS

MGRM

02/07/2005

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