## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **ANNUAL REPORT** FILED Jul 18, 2005 08:00 AM Secretary of State **DOCUMENT # L01000001868** 1. Entity Name RICHARD J. KNOX, L.L.C. Mailing Address Principal Place of Business % R.A. MERCER & CO., P.C. 391 TIMBERLANE DR NEW SMYRNA BEACH, FL 32168 325 S CASCADE DR SPRINGVILLE, NY 14141 07072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3717394 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNOX, RICHARD J DO NOT WRITE 391 TIMBERLANE DR NEW SMYRNA BEACH, FL 32168 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE KNOX, RICHARD J NAME STREET ADDRESS 391 TIMBERLANE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE:

SIGNATURE ASSISTYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 received or mystep empowered to execute this report as required by Chapter 608, Florida Statutes.