

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000001868



1. Entity Name  
RICHARD J. KNOX, L.L.C.

Principal Place of Business  
2041 RED ROBIN  
PORT ORANGE, FL 32128

Mailing Address  
% R.A. MERCER & CO., P.C.  
243 WEST MAIN STREET  
SPRINGVILLE, NY 14141

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

KNOX, RICHARD J  
391 TIMBERLANE DR  
NEW SMYRNA BEACH, FL 32168

Name Knox, Richard J.  
Street Address (P.O. Box Number is Not Acceptable)  
2041 Red Robin

City Port Orange

Zip Code FL 32128

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)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM  
NAME KNOX, RICHARD J  
STREET ADDRESS 391 TIMBERLANE DR  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Knox, Richard J.  
2041 Red Robin  
Port Orange, FL 32128

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-08  
Date Daytime Phone #