

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011592

Entity Name: KNUWAVE, LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

609 2ND KEY DRIVE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

609 2ND KEY DRIVE  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 04-3661822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ENGELKE, DAVID  
609 2ND KEY DRIVE  
FORT LAUDERDALE, FL 33304 US

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

FRANCHINA, APRIL M  
609 2ND KEY DRIVE  
FORT LAUDERDALE, FL 33304 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: APRIL M FRANCHINA

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M ( ) Delete  
Name: ENGELKE, DAVID H  
Address: 609 2ND KEY DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM ( ) Delete  
Name: FRANCHINA, APRIL M  
Address: 609 2ND KEY DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

Title: MEMB (X) Change ( ) Addition  
Name: ENGELKE, DAVID H  
Address: 609 2ND KEY DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: APRIL M FRANCHINA

MGRM

04/13/2009

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