

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

|   |                   |  |                                       |
|---|-------------------|--|---------------------------------------|
| <b>DOCUMENT # L02000017157</b>  |                   |                     |                                       |
| 1. Entity Name<br>VAN WILLIAM KNOX, LLC   |                   |  |                                       |
| Principal Place of Business<br>2923 HATTERAS WAY<br>NAPLES, FL 34119  |                   | Mailing Address<br>2923 HATTERAS WAY<br>NAPLES, FL 34119   |                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                   |  |                                       |
|   |                   | 01062004 No Chg-LLC CR2E083 (10/03)  |                                       |
|   |                   | 4. FEI Number<br>NOT APPLICABLE  | Applied For<br>Not Applicable         |
|   |                   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required             |                                       |
| 6. Name and Address of Current Registered Agent   |                   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| KNOX, VAN WILLIAM III<br>2923 HATTERAS WAY<br>NAPLES, FL 34119  |                   |  |                                       |
| 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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |                   |  |                                       |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |                   |  |                                       |
| 9. MANAGING MEMBERS/MANAGERS  |                   | <div>000000008784</div> <div>01/20/04-80077-016 50.00</div><br><b>DO NOT WRITE<br/>IN THIS SPACE</b> |                                       |
| TITLE   | MGRM              |  |                                       |
| NAME  | KNOX, VAN W       |  |                                       |
| STREET ADDRESS  | 2923 HATTERAS WAY |  |                                       |
| CITY-ST-ZIP   | NAPLES, FL 34119  |  |                                       |
| TITLE   |                   |  |                                       |
| NAME  |                   |  |                                       |
| STREET ADDRESS  |                   |  |                                       |
| CITY-ST-ZIP   |                   |  |                                       |
| TITLE   |                   |  |                                       |
| NAME  |                   |  |                                       |
| STREET ADDRESS  |                   |  |                                       |
| CITY-ST-ZIP   |                   |  |                                       |
| TITLE   |                   |  |                                       |
| NAME  |                   |  |                                       |
| STREET ADDRESS  |                   |  |                                       |
| CITY-ST-ZIP   |                   |  |                                       |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: VAN W. KNOX, III   |                   | 1-17-04 (239) 593-5361   |                                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  |                   | Date Daytime Phone #   |                                       |