

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2003 8:00 am
Secretary of State

3/

03-31-2003 90809 023 ****50.00

DOCUMENT # L02000033980

1. Entity Name

KNODISHALL TRADING, LLC



DO NOT WRITE IN THIS SPACE

44002704

2. Principal Place of Business
633 S. Federal Highway
Suite, Apt. #, etc.
8th Floor
City & State
Ft. Lauderdale, FL

3. Mailing Address
633 S. Federal Highway
Suite, Apt. #, etc.
8th Floor
City & State
Ft. Lauderdale, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name William R. Scherer
Street Address (P.O. Box Number is Not Acceptable)
633 S. Federal Highway
City Ft. Lauderdale FL 33301

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 *William R. Scherer* DATE 4/22/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager, William R. Scherer 633 S. Federal Highway Ft. Lauderdale, FL 33301
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CR2E0835 (12/02)

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William R. Scherer* DATE 4/21/03 954-847-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #