

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000015307

**FILED**  
**Mar 27, 2008**  
**Secretary of State**

**Entity Name:** KNOX MANAGEMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

12276 SAN JOSE BLVD.  
SUITE 516  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12276 SAN JOSE BLVD.  
SUITE 516  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 56-2353231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARPER, LEWIS W  
6817 SOUTHPOINT PKWY, STE 1804  
JACKSONVILLE, FL 32216 US

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

HARPER, LEWIS W ESQ.  
12276 SAN JOSE BLVD  
SUITE 516  
JACKSONVILLE, FL 32223 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:** LEWIS W. HARPER

03/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** KNOX FAMILY LLC,  
**Address:** 12276 SAN JOSE BLVD., SUITE 516  
**City-St-Zip:** JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

**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:** KNOX FAMILY LLC

MGRM

03/27/2008

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