


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90023 024 \*\*\*\*50.00

<b>DOCUMENT # L03000015308</b>			
1. Entity Name <b>KNOX FAMILY, LLC</b>			
Principal Place of Business <b>3663 CROWN POINT COURT JACKSONVILLE, FL 32257</b>		Mailing Address <b>3663 CROWN POINT COURT JACKSONVILLE, FL 32257</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**14001427**



03252005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**56-2353220**

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HARPER, LEWIS W</b> <b>12627 SAN JOSE BLVD</b> <b>JACKSONVILLE, FL 32223</b>		Name <b>LEWIS W. HARPER, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6817 Southpoint Parkway, Ste 1804</b> City <b>Jacksonville</b> FL Zip Code <b>32216</b>	

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  **LEWIS W. HARPER** **3-25-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ALISA K. KNOX LIVING TRUST</b> <b>3663 CROWN POINT COURT</b> <b>JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GORDON W. KNOX LIVING TRUST</b> <b>3663 CROWN POINT COURT</b> <b>JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Glenn W. Knox Living Trust</b> <b>3663 Crown Point Court</b> <b>Jacksonville, FL 32257</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Alisa Knox MBR/MGR** **4/21/05** **(904) 292-9777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #