

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90072 012 \*\*\*\*50.00

**DOCUMENT # L03000028015**

1. Entity Name  
**GOLD IN KNOX, L.L.C.**



Principal Place of Business  
**548 S. HIGHWAY 27, SUITE C  
CLERMONT, FL 34711**

Mailing Address  
**548 S. HIGHWAY 27, SUITE C  
CLERMONT, FL 34711**

**20034789**



2. Principal Place of Business

**548 US Hwy 27**

Suite, Apt. #, etc.

**SUITE C**

City & State

**MINNEOLA, FL**

Zip

**34715**

Country

**US**

3. Mailing Address

**548 US Hwy 27**

Suite, Apt. #, etc.

**SUITE C**

City & State

**MINNEOLA, FL**

Zip

**34715**

Country

**US**

03072005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**51-0477713**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional

Fee Required

6. Name and Address of Current Registered Agent

**HESSBURG, DANIEL J  
548 S. HIGHWAY 27, SUITE C  
CLERMONT, FL 34711**

**MINNEOLA, FL 34715**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HESSBURG, DANIEL J  
548 S. HIGHWAY 27, SUITE C  
CLERMONT, FL 34711** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**MINNEOLA, FL 34715**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Daniel J. Hessburg 4/08/05 352) 394-1894**