


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

04-20-2004 90188 036 ****50.00

DOCUMENT # L03000029631 1. Entity Name KNK RACING, L.L.C.					
Principal Place of Business 1517 ARCHER'S PATH LAKELAND, FL 33809			Mailing Address 1517 ARCHER'S PATH LAKELAND, FL 33809		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1082734	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREGG S. KAMP, P.A. 6155 SOUTH FLORIDA AVENUE, SUITE-10 LAKELAND, FL 33813				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 <i>Craig Kardon</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARDON, CRAIG 1517 ARCHER'S PATH LAKELAND, FL 33809	<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	MGR HANKINS, KENNETH W SR. 930 LEXINGTON ST. LAKELAND, FL 33801	<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	MGR HANKINS, KENNETH J JR. 930 LEXINGTON ST. LAKELAND, FL 33801	<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	MGR HANKINS, KENNETH J JR. 930 LEXINGTON ST. LAKELAND, FL 33801	<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	MGR HANKINS, KENNETH J JR. 930 LEXINGTON ST. LAKELAND, FL 33801	<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: <i>Craig Kardon</i> Craig Kardon MGR 4/15/04 863-8595293 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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