

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049808

Entity Name: KNIGHT & DWYER L.L.C

FILED  
Mar 08, 2006  
Secretary of State

## Current Principal Place of Business:

1 CORPORATE DRIVE  
SUITE 2D  
PALM COAST, FL 32137

## Current Mailing Address:

P.O. BOX 350864  
PALM COAST, FL 32135

## New Principal Place of Business:

111 N. STATE STREET  
PO BOX 37  
BUNNELL, FL 32110

## New Mailing Address:

P.O. BOX 37  
BUNNELL, FL 32110

FEI Number: 20-0451178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DWYER, MARC E  
1 CORPORATE DRIVE  
SUITE 2D  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

DWYER, MARC E  
111 N. STATE STREET  
PO BOX 37  
BUNNELL, FL 32110 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: MARC DWYER

03/08/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DWYER, MARC E  
Address: 149 BARRINGTON DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: KNIGHT, STEPHEN R  
Address: 2019 SUGAR MAPLE COURT  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARC DWYER

MGRM

03/08/2006

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