

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90240 027 ****50.00

DOCUMENT # L04000011634

1. Entity Name
THE KNIGHT GROUP, LLC



Principal Place of Business
**103 SE 4TH AVE. SUITE 103
DELRAY BEACH, FL 33483**

Mailing Address
**103 SE 4TH AVE. SUITE 103
DELRAY BEACH, FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0730362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, DONALD J ESQ
1200 N FEDERAL HWY, STE 312
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name **James W. Knight**
Street Address (P.O. Box Number is Not Acceptable) **103 SE 4th AVE**
Suite 103
City **Delray Beach** **FL** Zip Code **33483**

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

5/10/06

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCROGGIE, ARTURO**
STREET ADDRESS **10 S.E. 1ST AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **MGR** ☐ Delete
NAME **KNIGHT, JAMES W**
STREET ADDRESS **10 S.E. 1ST AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **MGR** ☐ Delete
NAME **DECAPITO, ROGER**
STREET ADDRESS **10 S.E. 1ST AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Mgr.** ☒ Change ☐ Addition
NAME **Arturo Scroggie**
STREET ADDRESS **103 SE 4th AVE, Suite 103**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **Mgr.** ☒ Change ☐ Addition
NAME **James W. Knight**
STREET ADDRESS **103 SE 4th AVE, Suite 103**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **Mgr.** ☒ Change ☐ Addition
NAME **Roger DeCapito**
STREET ADDRESS **103 SE 4th AVE, Suite 103**
CITY-ST-ZIP **Delray Beach, FL 33483**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

5/10/06 561-279-8661