

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90028 014 ****50.00

DOCUMENT # L04000026529

1. Entity Name
KSN VENTURES, LLC



Principal Place of Business
11780 U.S. HIGHWAY #1
STE. 500
NORTH PALM BEACH, FL 33408

Mailing Address
11780 U.S. HIGHWAY #1
STE. 500
NORTH PALM BEACH, FL 33408

60040887



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

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

SCHNARE, JAMES H II
11780 U.S. HIGHWAY #1
STE. 400
NORTH PALM BEACH, FL 33408

Name
Haile Shaw & Pfaffenberger
Street Address (P.O. Box Number is Not Acceptable)
660 U.S. Highway One
Suite 300

City
North Palm Beach

FL Zip Code
33408

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NICKLAUS, KRISTA
11780 U.S. HIGHWAY ONE, SUITE 500
NORTH PALM BEACH, FL 33408 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NICKLAUS, STEVEN
11780 U.S. HIGHWAY ONE, SUITE 500
NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE
NAME
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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

4-11-07

Date

561-227-0320

Daytime Phone #

Krista Nicklaus