


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90037 048 \*\*\*\*50.00

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DOCUMENT # L04000031416			
1. Entity Name STATE OF KNOWLEDGE LLC			
Principal Place of Business 16057 TAMPA PALMS BLVD. WEST SUITE 378 TAMPA, FL 33647		Mailing Address 16057 TAMPA PALMS BLVD. WEST SUITE 378 TAMPA, FL 33647	
2. Principal Place of Business 16850 - 112 COLLINS AVE, # 286		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNNY ISLES BEACH, FL.		City & State	
Zip 33160	Country U.S.A	Zip SAME	Country
6. Name and Address of Current Registered Agent FARHAD, FAREID 16057 TAMPA PALMS BLVD. WEST SUITE 378 TAMPA, FL 33647		7. Name and Address of New Registered Agent Name FAREID FARHAD Street Address (P.O. Box Number is Not Acceptable) 16850 - 112 COLLINS AVE, # 286 SUNNY ISLES BEACH FL Zip Code 33160	
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 FAREID FARHAD (Signature, typed or printed name of registered agent and title if applicable) (NO Registered Agent signature required when reinstating) Mar 1 / 05 DATE			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARHAD, FAREID 16057 TAMPA PALMS BLVD. WEST, STE 378 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16850-112 COLLINS AVE, # 286 SUNNY ISLES BEACH, FL, 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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: FAREID FARHAD (Signature, typed or printed name of signing managing member, manager, or authorized representative)		Date Mar 1 / 05 Daytime Phone # 786-554-4415	