

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JAN 30 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000032682

1. Entity Name  
KNOWLES MANAGEMENT, L.L.C.



Principal Place of Business  
2911 WESTFIELD ROAD  
GULF BREEZE, FL 32563

Mailing Address  
2911 WESTFIELD ROAD  
GULF BREEZE, FL 32563



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-1577269

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KNOWLES, MARK D  
4160 SOUNDPOINT DR  
GULF BREEZE, FL 32563

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

*Sheila R. Knowles*

1/18/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME KNOWLES, MARK D  
STREET ADDRESS 4160 SOUNDPOINT DR  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☒ Change ☐ Addition  
NAME 950 Grand Canal St  
STREET ADDRESS Gulf Breeze, FL 32563  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME KNOWLES, SHEILA R  
STREET ADDRESS 4160 SOUNDPOINT DR  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☒ Change ☐ Addition  
NAME 950 Grand Canal St  
STREET ADDRESS Gulf Breeze, FL 32563  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300117639653  
STREET ADDRESS 02/11/08--01005--011 \*\*\*638.75  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Sheila R. Knowles*

1/18/08

850-934-5732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #