


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 08, 2007 8:00 am  
Secretary of State

02-14-2007 90217 042 \*\*\*\*50.00

<b>DOCUMENT # L04000041804</b>			
1. Entity Name <b>KNR CONSTRUCTION, LLC</b>			
Principal Place of Business <b>11958 SW HAMLIN CT. PALM CITY, FL 34990</b>		Mailing Address <b>P.O. BOX 218 INDIANTOWN, FL 34958</b>	
2. Principal Place of Business - No P.O. Box # <b>9494 AEGEAN DR.</b>		3. Mailing Address <b>9858 CLINT MOORE RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE C-111, PMB 294</b>	
City & State <b>Boca Raton, FL 33496</b>		City & State <b>Boca Raton</b>	
Zip <b>33496</b>		Country <b>FLA Bch</b>	
Country <b>PA County</b>		Zip <b>33496</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUE, NANCY 11958 SW HAMLIN CT. PALM CITY, FL 34990</b>		7. Name and Address of New Registered Agent Name <b>NANCY OSS RODRIGUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9858 CLINT MOORE RD</b> <b>Suite C-111, PMB 294</b> City <b>Boca Raton</b> FL Zip Code <b>33496</b>	
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 <i>Nancy Oss Rodrigue</i>		DATE <b>2/8/07</b>	
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 <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>OWNER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUE, NANCY</b>		NAME <b>NANCY OSS</b>	
STREET ADDRESS <b>P.O. BOX 218</b>		STREET ADDRESS <b>9858 CLINT MOORE RD</b>	
CITY - ST - ZIP <b>INDIANTOWN, FL 34958</b>		CITY - ST - ZIP <b>Suite C-111, PMB 294</b>	
TITLE <b>Principal</b>	<input type="checkbox"/> Delete	TITLE <b>OWNER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NANCY OSS</b>		NAME <b>NANCY OSS</b>	
STREET ADDRESS <b>9858 CLINT MOORE RD</b>		STREET ADDRESS <b>9858 CLINT MOORE RD</b>	
CITY - ST - ZIP <b>Boca Raton, FL 33496</b>		CITY - ST - ZIP <b>33496</b>	
TITLE <b>President</b>	<input type="checkbox"/> Delete	TITLE <b>OWNER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NANCY OSS</b>		NAME <b>NANCY OSS</b>	
STREET ADDRESS <b>9858 CLINT MOORE RD</b>		STREET ADDRESS <b>9858 CLINT MOORE RD</b>	
CITY - ST - ZIP <b>Boca Raton, FL 33496</b>		CITY - ST - ZIP <b>33496</b>	
TITLE <b>Principal</b>	<input type="checkbox"/> Delete	TITLE <b>OWNER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NANCY OSS</b>		NAME <b>NANCY OSS</b>	
STREET ADDRESS <b>9858 CLINT MOORE RD</b>		STREET ADDRESS <b>9858 CLINT MOORE RD</b>	
CITY - ST - ZIP <b>Boca Raton, FL 33496</b>		CITY - ST - ZIP <b>33496</b>	
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: <i>Nancy Oss Rodrigue</i>		DATE: <b>2/8/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE	

\* NANCY RODRIGUE OSS is the only person in this LLC -  
NO other person is an owner, or principal or officer



ATTACHMENT  
3000/934

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2007

KNR CONSTRUCTION, LLC  
9858 CLINT MOORE RD  
STE C-111, PMB 294  
BOCA RATON, FL 33496

Subject: KNR CONSTRUCTION, LLC

Reference Number: L04000041804

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):



Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh

ANNUAL REPORTS SECTION

\* There are no other people involved with this company except Nancy Rodriguez - Oss.