2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L04000049003

Entity Name: GOLDEN KNIGHT ENTERPRISES, LLC

Current Principal Place of Business:

8149 BLUESTAR CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

17691 DEER ISLE CIRCLE
WINTER GARDEN, FL 34787

Current Mailing Address:

PO BOX 824
GOTHA, FL 34734

New Mailing Address:

FEI Number: 56-2471658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLNAR, ROBERT J II
8149 BLUESTAR CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MOLNAR, ROBERT J II
17691 DEER ISLE CIRCLE
WINTER GARDEN, FL 34787 US

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.

SIGNATURE: 04/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MOLNAR, ROBERT J II
Address: 8149 BLUESTAR CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete
Name: MOLNAR, KIMBERLY A
Address: 8149 BLUESTAR CIRCLE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MOLNAR, ROBERT J II
Address: 17691 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM (X) Change ( ) Addition
Name: MOLNAR, KIMBERLY A
Address: 17691 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J. MOLNAR MGRM 04/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date