


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000051067</b> 1. Entity Name <b>TWENTY KNOTS LLC</b>	
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Principal Place of Business <b>7520 SW 72 COURT MIAMI, FL 33143</b>	Mailing Address <b>7520 SW 72 COURT MIAMI, FL 33143</b>
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01102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-2002631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DUSSEAU, CHARLES 7520 SW 72 COURT MIAMI, FL 33143</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000382806  
01/12/06-80027-817 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUSSEAU, CHARLES 7520 SW 72 COURT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBIN, RICK 6545 SW 118 STREET MIAMI, FL 33156
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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:**

*CM Dusseau*

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

01/10/06 305588438

Date

Daytime Phone #