

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 A
Secretary of State

DOCUMENT # L04000057352

1. Entity Name
KNAPP DEVELOPMENT, LLC



Principal Place of Business

**900 EAST PINE STREET
SUITE 214
ENGLEWOOD, FL 34223**

Mailing Address

**900 EAST PINE STREET
SUITE 214
ENGLEWOOD, FL 34223**



02222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3134441

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KNAPP, ALAN J
900 EAST PINE STREET
SUITE 214
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

000000574257
08/14/06-80007-004 \$0.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**MGRM
KNAPP, ALAN J
900 EAST PINE STREET
ENGLEWOOD, FL 34223**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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: _____

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

7/7/06
Date

Daytime Phone # _____