

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**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



07032007 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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
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CITY-ST-ZIP	

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U000000769228

07/17/07-80004-001 50.00

**DO NOT WRITE  
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

ALAN J. KNAPP

7/13/07

Date

941-474-2266

Daytime Phone #