

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90026 032 \*\*\*\*50.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L04000060910</b><br>1. Entity Name<br><b>KNEES'R'US LIMITED LIABILITY COMPANY</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>440 PARADISE ISLE BLVD</b><br><b>#409</b><br><b>HALLANDALE BEACH, FL 33009 US</b>   |   |  | Mailing Address<br><b>440 PARADISE ISLE BLVD</b><br><b>#409</b><br><b>HALLANDALE BEACH, FL 33009 US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |   |  | City & State  |  |  |
| Zip   |   | Country  |   | Zip  |  |
| Country   |   | Country  |   | 4. FEI Number<br><b>20-1609553</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>DURKIN, NANCY K MRS</b><br><b>440 PARADISE ISLE BLVD</b><br><b>#409</b><br><b>HALLANDALE BEACH, FL 33009</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |   |  | <b>10. ADDITIONS / CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>FERRARA, DIANE M MRS<br>14 HOWLAND FARM<br>EAST GREENWICH, RI 02818                | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>DURKIN, NANCY K MRS<br>440 PARADISE ISLE BLVD #409<br>HALLANDALE BEACH, FL 33009  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>DURKIN, WILLIAM N MR<br>440 PARADISE ISLE BLVD #409<br>HALLANDALE BEACH, FL 33009 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> <i>Nancy K. Durkin</i> <b>4.11.05</b>   |   |  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |   |  |   |  |  |