

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060910

FILED
Apr 20, 2008
Secretary of State

Entity Name: KNEES'R'US LIMITED LIABILITY COMPANY

Current Principal Place of Business:

440 PARADISE ISLE BLVD
#409
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

440 PARADISE ISLE BLVD
#409
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 20-1609553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURKIN, NANCY K MRS
440 PARADISE ISLE BLVD
#409
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERRARA, DIANE M MRS
Address: 14 HOWLAND FARM
City-St-Zip: EAST GREENWICH, RI 02818 US

Title: MGRM () Delete
Name: DURKIN, NANCY K MRS
Address: 440 PARADISE ISLE BLVD #409
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM () Delete
Name: DURKIN, WILLIAM N MR
Address: 440 PARADISE ISLE BLVD #409
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NANCY K. DURKIN

MRS

04/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date