## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000065771

Entity Name: KNS, LLC

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

295 OSPREY POINT DRIVE OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

295 OSPREY POINT DRIVE OSPREY, FL 34229

FEI Number: 20-1596063 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAGNER, E. JOHN II 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 US

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:

## ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: SMITH, KENNETH M. Name: SMITH, NORA BENNETT Address: 295 OSPREY POINT ROAD Address: 295 OSPREY POINT DR.

City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: SMITH, NORA BENNETT Name: SMITH, KENNETH M

Address: 295 OSPREY POINT ROAD Address: 295 OSPREY POINT DR. City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: SMITH CROMIE, JENNIFER Name: SMITH CROMIE, JENNIFER

 Address:
 3955 SQUARE EAST LANE, UNIT 3
 Address:
 295 OSPREY PT DR.

 City-St-Zip:
 SARASOTA, FL 34238
 City-St-Zip:
 OSPREY, FL 34229

Title: MGR () Delete Title: () Change () Addition

 Name:
 SMITH, TARA LINDSAY
 Name:

 Address:
 2800 SW 35TH PLACE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 CROMIE, WILLIAM
 Name:
 CROMIE, WILLIAM

 Address:
 3955 SQUARE EAST LANE, UNIT 3
 Address:
 2415 7TH AVE. WEST

 City-St-Zip:
 SARASOTA, FL 34238
 City-St-Zip:
 BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the 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: NORA BENNETT SMITH MGR 01/16/2007