

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000018002 1. Entity Name KNAAK DESIGN STUDIOS, LLC				 FILED TARY OF STAT OF CORPORATIONS 06 MAY -1 AM 9:42 ENTERED 2/16/06	
Principal Place of Business 5499 AVON PARK COURT #203 FORT MYERS FL 33912 US		Mailing Address 7928 BERGAMO AVENUE SARASOTA FL 34238 US			
2. Principal Place of Business 6258 Presidential Ct. Ste. 202 Fort Myers FL		3. Mailing Address Suite, Apt. #, etc. FL			
City & State Fort Myers FL		City & State FL			
Zip 33919		Country USA		4. FEI Number 83-0420336	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KNAAK, ROBERT B 7928 BERGAMO AVENUE SARASOTA FL 34238				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KNAAK, ROBERT B 5499 AVON PARK COURT, #203 FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same 6258 Presidential Ct. Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KNAAK, SARAH H 5499 AVON PARK COURT, #203 FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same 6258 Presidential Ct. Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			2/27/06 239.437.1331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		