2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019344

Entity Name: KNOPF ENTERPRISES, LLC

5556 MANFIELDS PLACE

JACKSONVILLE, FL 322075972

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1817 FLORIDA AVE. JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 1817 FLORIDA AVE. JACKSONVILLE, FL 32206 FEI Number: 20-1926834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNOPF, RALPH J KNOPF, RALPH J 3641 EVE DRIVE WEST 5515 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 322464735 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: 03/19/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KNOPF, RALPH J Name: Name: Address: 3641 EVE DRIVE WEST Address: City-St-Zip: JACKSONVILLE, FL 322464735 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KNOPF, RONALD W Name: Address: 8869 BRIARWOOD ROAD Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KNOPF, RAYMOND E Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RALPH J.KNOPF MGR 03/19/2009