

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047717

FILED
Jul 10, 2006
Secretary of State

Entity Name: KNOX, LLC

Current Principal Place of Business:

554 NATIONAL DRIVE
MARYVILLE, TN 37804

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 52652
KNOXVILLE, TN 379502652

New Mailing Address:

FEI Number: 20-2834988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 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: WOODS, SHERREE P
Address: P.O. BOX 526652
City-St-Zip: KNOXVILLE, TN 379502652

Title: MGR () Delete
Name: COLEMAN, NANCY
Address: 10269 KINGSTON PIKE
City-St-Zip: KNOXVILLE, TN 37922

ADDITIONS/CHANGES:

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 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: SHERREE P. WOODS

MGR

07/10/2006

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