2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# L05000047717

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 ( )**

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 04/09/2007

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