


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED
Mar 31, 2008 8:00 am
Secretary of State**

03-31-2008 90262 050 ***143.75

DOCUMENT # L05000048341

1. Entity Name
K.N.J. VENTURES, LLC



Principal Place of Business Mailing Address
~~18441 DORMAN ROAD~~ 19005 RED BIRD LANE
 LITHIA FL 33547-1815 LITHIA FL 33547



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
 19005 RED BIRD LANE 19005 RED BIRD LANE

City & State City & State
 LITHIA FL LITHIA FL

Zip Country Zip Country
 33547 -1815 33547 -1815

1st MOORE CR2E083 (10/07)

4. FEI Number 20-2847568 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STUMP, OLEN G
~~18441 DORMAN ROAD~~ 19005 RED BIRD LANE
 LITHIA FL 33547-1815

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

19005 RED BIRD LANE

City LITHIA FL Zip Code 33547

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 -
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM STUMP, OLEN G 18441 DORMAN ROAD 19005 RED BIRD LANE LITHIA FL 33547-1815 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19005 RED BIRD LANE LITHIA FL 33547-1815 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Olen G. Stump OLEN G. STUMP 03-24-08 724 837-8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #