2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 09, 2007 08:00 AM Secretary of State

DOCUMENT #L05000063030

1. Entity Name

KNN DEVELOPMENT, LLC



Principal Place of Business

320 HARBOR BLVD.

UNIT 1203 DESTIN, FL 32541 Mailing Address

320 HARBOR BLVD. Unit 1203 Destin, FL 32541



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3109668

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

EMMANUEL, ROBERT A 30 S. SPRING STREET PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

	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.	t
Qir	NATURE	

(NOTE: Registered Agent signature required when rainstating)

Filing Fee is \$50.00 Due by May 1, 2007

TITLE MGRM NAME NUNN, R. L STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE MGRM NAME NUNN, E. A STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE MGRM NUNN, E. A 320 HARBOR BLVD., UNIT 1203 DESTIN, FL 32541 TITLE MGRM KEENER, DON A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBERS/MANAGERS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM NAME NUNN, E. A STREET ADDRESS CITY-ST-ZIP TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP TITLE MGRM NUNN, E. A STREET ADDRESS CITY-ST-ZIP TITLE MAGRM NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								
CITY-SI-ZIP DESTIN, FL 32541 TITLE MAGRM NUNN, E. A SIREET ADDRESS CITY-SI-ZIP DESTIN, FL 32541 TITLE MAGRM KEENER, DON A SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP		•						
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		The state of the s						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	DESTIN, FL 32541						
SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	MGRM						
CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	NUNN, E. A						
TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	320 HARBOR BLVD., UNIT 1203						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	DESTIN, FL 32541						
SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	MGRM						
CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	KEENER, DON A						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	#5 PAHOKEE LANE						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	DESTIN, FL 32541						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE							
CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP	City-St-Zip							
STREET ADDRESS CITY-ST-ZIP	TITLE							
CITY-ST-ZIP	NAME							
	STREET ADDRESS							
11. I hereby certify that the information supplied with this filling does not qualify for the av	CITY-ST-ZIP							
	11. I hereby o	cartify that the information supplied with this fillion does not qualify for the ex-						

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 similar limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 🖳	\angle	27	unn	MGRM	2/06	107 8	850-217-	7001
SIGNATURE AND TYPED	OR PRINTED S	AMP OF SIG	NING MANAGING MEMBER	OR AUTHODIZED DEBDESENT	ATINE /	Data	D. day	. Da