



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90018 035 \*\*\*\*50.00

<b>DOCUMENT # L05000078503</b> 1. Entity Name KNOLLWOOD VENTURES, LLC					
Principal Place of Business 10360 72ND STREET NORTH UNIT #810 LARGO, FL 33777			Mailing Address 10360 72ND STREET NORTH UNIT #810 LARGO, FL 33777		
2. Principal Place of Business 1180 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 201		3. Mailing Address 1180 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 201			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 20-328094	
Zip 33756		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  ARSENAULT, KENNETH G JR. 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELTMAN, GREG D 10360 72ND STREET NORTH LARGO, FL 33777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Veltman, Greg P. 1180 Ponce De Leon Blvd, Suite 201 Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, JOHN 10360 72ND STREET NORTH LARGO, FL 33777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Thomas, John 1180 Ponce De Leon Blvd, Suite 201 Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>  <u>Greg D. Veltman</u> <u>4/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					