


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90087 025 ****50.00

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| DOCUMENT # L05000097047 1. Entity Name ARGYLE KNOXVILLE, L.L.C. | | | |  | |
| Principal Place of Business 8638 PHILLIPS HIGHWAY SUITE 3 JACKSONVILLE FL 32255 US | | | Mailing Address 8638 PHILLIPS HIGHWAY SUITE 3 JACKSONVILLE FL 32255 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-3582620 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DONZIGER, MICHAEL J 5150 BELFORT ROAD BLDG 100 JACKSONVILLE FL 32256 | | | | 7. Name and Address of New Registered Agent Name DONZIGER, MICHAEL J 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 <u><i>Michael J Donziger</i></u> DATE <u>1/25/07</u> <small>Signature, typed or printed name of registered agent and fee is applicable (NOT Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR DONZIGER, MICHAEL J 8638 PHILIPS HIGHWAY SUITE 3 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete | | | |
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| 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: <u><i>Michael J Donziger</i></u> DATE <u>1/25/07</u> 904.367.8620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |