

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

DOCUMENT # L06000044635

1. Entity Name
JOSEPH F KNIGHT JR L.L.C.



01-08-2007 90209 004 ****55.00
04-24-2007 90109 004 ****50.00

Principal Place of Business
217 PINE WINDS DR
SANFORD, FL 32773

Mailing Address
PO BOX 953672
LAKE MARY, FL 32795 US

2. Principal Place of Business - No P.O. Box #
3622 KIMBERLY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
3622 KIMBERLY DRIVE
Suite, Apt. #, etc.



03292007 Chg-LLC CR2E083 (12/06)

City & State
DELTONA, FL
Zip
32738 Country

City & State
DELTONA, FL
Zip
32738 Country

4. FEI Number
01-0876477
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KNIGHT, JOSEPH F JR
217 PINE WINDS DR
SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3622 KIMBERLY DRIVE
City DELTONA FL Zip Code 32738

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
KNIGHT, JOSEPH F, JR
STREET ADDRESS
3622 KIMBERLY DRIVE
CITY-ST-ZIP
DELTONA, FL 32738

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/07 407-314-4477

Date

Daytime Phone #