## 2007 LIMITED LIABILITY COMPANY

## Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000055976** 04-30-2007 90050 014 \*\*\*\*55.00 KNUTSEN ENTERPRISES, LLC Principal Place of Business Mailing Address 97 SOUTH WASHINGTON BOULEVARD 97 SOUTH WASHINGTON BOULEVARD LIDO KEY, FL 34236 US LIDO KEY, FL 34236 US 3. Mailing Address 97 S. Washington Dr. 2. Principal Place of Business - No P.O. Box # 97 S. Washington Dr. Suite, Apt, #, etc. Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State sarasot Sarasota Not Applicable Country A 34236 \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNUTSEN, JOHN JR. Street Address (P.O. Box Number is Not Acceptable) 97 SOUTH WASHINGTON BOULEVARD LIDO KEY, FL 34236 97 South Washington City Sarasote 8. The above narged 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) rectyped or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE TITLE Delete KNUTSEN, JOHN JR. NAME NAME 97 s. Washington Drive Saraseta FL 34236 STREET ADDRESS STREET ADDRESS 97 SOUTH WASHINGTON BOULEVARD LIDO KEY, FL 34236 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE KNUTSEN, DEVON M NAME 97 S. Washington Drive Sarasota, FL 34236 97 SOUTH WASHINGTON BOULEVARD STREET ADDRESS STREET ADDRESS LIDO KEY, FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY+ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: