2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jun 18, 2007 8:00 am Secretary of State **DOCUMENT # L06000090109** 05-15-2007 90151 012 ****50.00 1. Entity Name KNIGHT LYFE LLC Principal Place of Business Mailing Address 10600 BLOOMFIELD DRIVE APT 1114 10600 BLOOMFIELD DRIVE APT 1114 30010982 ORLANDO, FL 32825 US ORLANDO, FL 32825 Principal Place of Business 03282007 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State) ((an Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED STATES CORPORATION AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Fillng Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MSRM TITLE MGRM Change TΠΙΕ ☐ Addition Delete LEVY, COREY NAMÉ NAME ALTOS CITIC 10600 BLOOMFIELD DRIVE APT 1114 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32825 CITY-ST-7IP.ii CITY-ST-ZIP TITLE ☐ Delete 46RM TΠLF ☐ Change Addition NAME 426 Flyrod Lovel C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

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5/15/2007-90151-012-\$50.00-\$50.00

DOCUMENT # L06000090109 1. Entity Name KNIGHT LYFE LLC					ATTACHMENT			
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City & State		Ch. S Chata		03282007	- /	2E083 (12/06)	. Hand Face	
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3,587	5 03	32825		ry >	<u> </u>	e of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current			Name	7. Name an	d Address of New Registe	red Agent	
	TATES CORPORATION AGE COLN ROAD	Street Add		Street Address	as (P.O. Box Number is Not Acceptable)			
	ACH, FL 33139	•	[
4				City			FL Zip Cod	
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 Spreadure, typed or printed name of registered agent and site of applicable. (NOTE: Registered Agent algent are required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2007							ck payable to artinent of Stati	•
9.	MANAGING MEMBE		10.	107		ADDITIONS/CHAN	GES	
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