APR-23-2007(MON) 13:38 Roger Jacobs CPA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90367 038 ****50.00

DOCUMENT # L06000101199

1. Entity Name
KNIGHTS PHILLIPS, LLC

04162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
3102 W. WATERS AVENUE SUITE 103A TAMPA, FL 33614 US	3102 W. WATERS AVENUE SUITE 103A TAMPA, FL 33614 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8794714 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LICASTRO, LAURA M
3102 W. WATERS AVENUE
SUITE 103A
TAMPA, FL 33614

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 ______________________________
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MINNESOTA CONNECTIONS, LLC 3102 W. WATERS AVENUE, SUITE 103A TAMPA, FL 33614 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gary Schraut 421 W Jefferson Brooksville, FL 34601 ~~☒ Change~~ ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Managing Partners ✓ 5-7-07 ✓ 952-854-9678