

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114959

Entity Name: KNAUF-KOENIG GROUP, LLC

FILED  
Feb 06, 2008  
Secretary of State

## Current Principal Place of Business:

5690 DOGWOOD WAY  
NAPLES, FL 34116

## New Principal Place of Business:

5585 SHIRLEY ST  
SUITE A  
NAPLES, FL 34109

## Current Mailing Address:

5690 DOGWOOD WAY  
NAPLES, FL 34116

## New Mailing Address:

5585 SHIRLEY ST  
SUITE A  
NAPLES, FL 34109

FEI Number: 20-5956272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AUSTIN, ARLENE F ESQ  
700 11TH STREET SOUTH STE 102  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KNAUF, MATTHEW D  
Address: 5690 DOGWOOD WAY  
City-St-Zip: NAPLES, FL 34116

Title: MGRM ( ) Delete  
Name: KOENIG, GISELA  
Address: 5690 DOGWOOD WAY  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KNAUF, MATTHEW D  
Address: 3150 LEEWARD LN  
City-St-Zip: NAPLES, FL 34103

Title: MGRM (X) Change ( ) Addition  
Name: KOENIG, GISELA  
Address: 3150 LEEWARD LN  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GISELA KOENIG

MGRM

02/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date