

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029915

FILED
Jan 16, 2009
Secretary of State

Entity Name: THREE KNOBS, LLC.

Current Principal Place of Business:

139 E. GOVERNMENT ST
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

139 E. GOVERNMENT ST
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 20-8675409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, GENE
139 E. GOVERNMENT ST
PENSACOLA, FL 32502 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: SCHMIDT, GENE
Address: 139 E. GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM () Delete
Name: MOSES, FRANCIS
Address: 2209 NW 40TH TERRACE SUITE A
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: PONIKVAR, JACK
Address: 5700 SW 34TH STREET SUITE 1307
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GENE SCHMIDT

MGR

01/16/2009

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