## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 04, 2008 08:00 AN Secretary of State

Surie, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Applied FC   Not Applied F	DOCUMENT # L07000031494  1. Entity Name MUCH TO KNOW GROUP, LLC						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1302008   Chg-LLC   CR2E083 (12/08)   Cliy & State   Cliy & State   Cliy & State   Applied R   Y2O-87 37 84 5   Applied R   Y2O-87 37 84 5   Not Applied R   Y2O-87 37 5   Not Applied R   Y2O-87 37 5   Not Ap	237 SW 32ND TERRACE		237 SW 32ND TERRACE				
City & State  City & State Desired  S. Certificate of Status Desired  S. Certificate of State Desired  S. Certificate Department of State  S. Certificate of State Desired  S. Certificate Desired  S. Certificate of State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional For Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u></u>	01302008 Chg-LLC CR2E083 (12/06)	
S. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  SCHNEIDER, JEFFERY E  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 acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the decision of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the florida. I am familiar with, and acceptable to the florida. I am familiar with, and acceptable to the florida. I am familiar with, and acceptable to the florida. I am familiar with, and acceptable to fl	City & State		City & State			4. FEI Number 20 - 87 3 7 8 4 5 Applied For Not Applicable	
SCHNEIDER, JEFFERY E 237 SW 32ND TERRACE CAPE CORAL, FL 33914    City   FL   Zip Code	Zip			Country			
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 acc. the obligations of registered agent.  SIGNATURE  Signifur yeard or private registered spent.  POTE: Registered Agent agentary required when remarkating)  PATE  PATE NOWILI FEE (8 \$138.75)  After May 1, 2008 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  GITY-ST-JP  MAKE  1000000913818  1011 Change Address (P.O. Box Number is Not Acceptable)  PATE Notes of Florida Payable to Florida. I am familiar with, and acc. the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc. the obligations of registered agent.  NAKE  SIRET MORES  GITY-ST-JP  ITILE  MAKE  SIRET MORESS  CITY-ST-JP  ITILE  SIRET MORESS		6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Registered Agent	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident agent and sent appearance agent and sent appearance.  SIGNATURE    Signature   Signatu	237 SW 32	ND TERRACE		Street Ad	Idress (	P.O. Box Number is Not Acceptable)	
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 accident the obligations of registered agent.  SIGNATURE    Signature   Typed or printed nome of required agent and title of applicable.   (NOTE: Registered Agent agrature required when revealable)		,		City		<b>□</b> I Zip Code	
SIGNATURE    Signature   typed or printed name of registered agent and Bill of applicable.   (NOTE Registered Agent agenture required when renetation)   DATE	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						
### FILE NOWILL FEE (\$ \$138.75  After May 1, 2008 Fee will be \$538.75  ### Make check payable to Florida Department of State  ### Piontal Department of State  ### MAKE  ### SCHNEIDER, JEFFERY E  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### TITLE  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### Delete  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### Delete  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### MAKE  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### Delete  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### MAKE  ### MAKE  ### STREET ADDRESS  ### CITY-ST-7IP  ### MAKE  #	SIGNATURE						
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11. I hereby certify that the information supplied with this filling 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 emphaged to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF BIONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							