


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90031 029 ***138.75

DOCUMENT # L07000050137	
1. Entity Name KNIGHT RESOURCES, LLC	

Principal Place of Business 22846 CHESTVIEW LOOP APARTMENT 112 LAND O' LAKES, FL 34639 US	Mailing Address 22846 CHESTVIEW LOOP APARTMENT 112 LAND O' LAKES, FL 34639 US
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2. Principal Place of Business - No P.O. Box # 3239 STONEGATE FALLS DR.	3. Mailing Address 3239 STONEGATE FALLS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State LAND O' LAKES, FL	City & State LAND O' LAKES, FL
Zip 34638	Zip 34638
Country USA	Country USA

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KNIGHT, PATRICK 22846 CHESTVIEW LOOP APARTMENT 112 LAND O' LAKES, FL 34639	
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7. Name and Address of New Registered Agent Name PATRICK J. KNIGHT Street Address (P.O. Box Number is Not Acceptable) 3239 STONEGATE FALLS DRIVE City LAND O' LAKES FL Zip Code 34638	
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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 Patrick J. Knight MGRM	DATE 04/25/2008

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNIGHT, PATRICK 22846 CHESTVIEW LOOP APT 112 LAND O' LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNIGHT, PATRICK J. 3239 STONEGATE FALLS DR. LAND O' LAKES, FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Patrick J. Knight	DATE: 04/25/2008	DAYTIME PHONE: 813-948-9340
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