

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090322

Entity Name: KNR XTREME LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1430 APPIAN DRIVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

200 2ND AVENUE SOUTH
SUITE 405
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

200 2ND AVENUE SOUTH
SUITE 405
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 26-0836962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & ULTRERA, P.A.
1840 SW 22ND STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MARC L. SHAPIRO, P.A.
720 GOODLETTE RD. NORTH
SUITE 304
NAPLES, FL 34102 US

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: MARC L. SHAPIRO, P.A.

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN DIVER, THOR W
Address: 1430 APPIAN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: JURGENS, JANICE J
Address: 200 2ND AVENUE SOUTH, #405
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAN DIVER, THOR W
Address: 200 2ND AVE SOUTH, #405
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: THOR W. VAN DIVER

MGRM

03/23/2009

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