2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096060

Entity Name: KNR MICHIGAN, LLC

Name:

Address:

City-St-Zip:

1691 MICHIGAN AVE. SUITE #325

MIAMI BEACH, FL 33139

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 FEI Number: 26-1079279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILBERT-LYTLE, DEBORA K CFO GONZALEZ, ERNESTO J CFO 1691 MICHIGAN AVE. SUITE #325 1691 MICHIGAN AVE. SUITE #325 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 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: ERNESTO J. GONZALEZ 04/10/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SEIKALY, RONY Name: Name: 1691 MICHIGAN AVE. SUITE #325 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MASRI, KARIM Name: Address: 1691 MICHIGAN AVE. SUITE #325 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SIERVO, NICOLA Name: Name: 1691 MICHIGAN AVE. SUITE #325 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SCHON, NICOLA

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KARIM MASRI **MGRM** 04/10/2009