

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099952

FILED
May 01, 2009
Secretary of State

Entity Name: KNIGHTLIFE PROPERTIES, LLC

Current Principal Place of Business:

2440 DELORAINE TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2440 DELORAINE TRAIL
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 26-1415170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOLLEY, CALEB A
2440 DELORAINE TRAIL
MAITLAND, FL 32751 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOLLEY, CALEB A
Address: 2440 DELORAINE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: LOURENCO, JOSEPH M
Address: 1620 SOUTHEAST 73 AVENUE
City-St-Zip: BELLEVIEW, FL 34420

Title: MGRM () Delete
Name: PANTANO, CHRISTOPHER T
Address: 1255 BLACKWATER POND DRIVE
City-St-Zip: ORLANDO, FL 32828

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: CALEB SOLLEY

MGRM

05/01/2009

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