

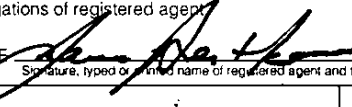



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90179 048 \*\*\*138.75

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT # L07000118902  |   |  |  |   |  |
| 1. Entity Name<br>J J KNOX LLC   |   |  |  |  |  |
| Principal Place of Business<br>100 VILLAGE SQUARE XING<br>SUITE 102<br>PALM BEACH GARDENS, FL 33410-4531 US  |   |  | Mailing Address<br>100 VILLAGE SQUARE XING<br>SUITE 102<br>PALM BEACH GARDENS, FL 33410-4531 US                                  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>100 VILLAGE SQUARE XING<br>Suite, Apt. #, etc.<br>SUITE 100C<br>City & State<br>PALM BEACH GARDENS, FL<br>Zip<br>33410<br>Country<br>USA   |   | 3. Mailing Address<br>8825 159TH CT N<br>Suite, Apt. #, etc.<br>City & State<br>PALM BEACH GARDENS, FL<br>Zip<br>33418<br>Country<br>USA |  |  |  |
| 04072008 Chg-LLC CR2E083 (12/06)   |   |  |  | 4. FEI Number<br>26-1476480<br>Applied For<br>Not Applicable                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br>BERTKAU, H. DAVID<br>100 VILLAGE SQUARE XING<br>SUITE 100C<br>PALM BEACH GARDENS, FL 33410-4531   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 accept the obligations of registered agent.<br>SIGNATURE  MGR DATE 4/7/08<br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BERTKAU, H DAVID<br>8825 159TH COURT NORTH<br>PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MBR<br>BERTKAU, GEOFFREY H<br>76 BEAVER BROOK ROAD<br>RIDGEFIELD, CT 06877        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MBR<br>BERTKAU, BRUCE D<br>40 CHATFIELD ROAD<br>BRONXVILLE, NY 10708              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| 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:  MGR   |   |  | 4/7/08 561-662-1234<br><small>Date Daytime Phone #</small>   |  |  |