

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009200

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** KNOWLES CAPTIVA PROPERTY, LLC

**Current Principal Place of Business:**

527 N. 67TH STREET  
SEATTLE, WA 98103

**New Principal Place of Business:**

**Current Mailing Address:**

527 N. 67TH STREET  
SEATTLE, WA 98103

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROUTH, GENE  
16778 CAPTIVA DRIVE  
BOX 264  
CAPTIVA, FL 33924 US

**Name and Address of New Registered Agent:**

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  
Name: KNOWLES, SARAH C  
Address: 527 N. 67TH STREET  
City-St-Zip: SEATTLE, WA 98103

Title: MGRM  
Name: KNOWLES, PETER S  
Address: 17627 TALBOT ROAD  
City-St-Zip: EDMONDS, WA 98026

Title: MGRM  
Name: MCINTIRE, LESLEY K  
Address: 640 PEARL AVENUE  
City-St-Zip: ST. LOUIS, MO 63122

Title: MGRM  
Name: KNOWLES, ELIZABETH B  
Address: 529 WEST 42ND STREET  
City-St-Zip: NEW YORK, NY 10036

I hereby 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:** SARAH C. KNOWLES

MBR

01/05/2011

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