


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000009357 1. Entity Name FLEXKNOWLEDGE, L.L.C.	
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Principal Place of Business 7150 W. 20TH AVENUE 410 HIALEAH, FL 33016	Mailing Address 7150 W. 20TH AVENUE 410 HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-LLC

CR2E083 (10/03)


4. FEI Number 65-0980998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REISER, RAYMOND A
7150 W. 20TH AVENUE
410
HIALEAH, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE  DATE 4.15.05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

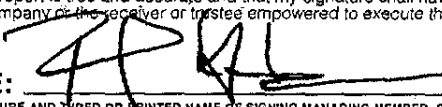
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TODD, FRANK N 7150 W. 20TH AVENUE STE. 412 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REISER, RAYMOND A 7150 W. 20TH AVENUE STE. 410 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOFKOLTZ, JEFF 34 GAIL LANE WINDSOR, CT 06071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000315140
04/19/05-80022-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4.15.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #