

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002816

Entity Name: MEDIEVAL KNIGHTS, LLC

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

7662 BEACH BLVD.  
BUENA PARK, CA 90620

## New Principal Place of Business:

## Current Mailing Address:

7662 BEACH BLVD.  
BUENA PARK, CA 90620

## New Mailing Address:

FEI Number: 33-0990488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANUZA, CELESTE  
4510 WEST IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746 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: P ( ) Delete  
Name: KIM, KENNETH H  
Address: 7662 BEACH BLVD  
City-St-Zip: BUENA PARK, CA 90620

Title: MGRM ( ) Delete  
Name: DE MONTANER, PEDRO  
Address: 7662 BEACH BLVD  
City-St-Zip: BUENA PARK, CA 90620

Title: MGRM ( ) Delete  
Name: SANTANDREU, MARTIN  
Address: 7662 BEACH BLVD  
City-St-Zip: BUENA PARK, CA 90620

Title: MGRM ( ) Delete  
Name: KAHNE, JOCHEN  
Address: 7662 BEACH BLVD  
City-St-Zip: BUENA PARK, CA 90620

## 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:

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: ANITA REESE

MS

01/05/2009

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