2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000067195

Entity Name: FORT KNOX ASSOCIATES, INC.

FILED Jul 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3111 SW 14TH COURT 1475 WEST CYPRESS CREEK ROAD POMPANO BEACH, FL 33069

SUITE 202

FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

9000 BURMA RD 1475 WEST CYPRESS CREEK ROAD

SUITE 102 SUITE 202

PALM BCH GARDENS, FL 33403 FORT LAUDERDALE, FL 33309 US

FEI Number: 65-0943009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MINKER, JULES S CLIFFORD I. HERTZ, P.A

9000 BURMA RD. ONE NORTH CLEMATIS STREET

SUITE 102 SUITE 500

PALM BCH GARDENS, FL 33403 US WEST PALM BEACH, FL 33401 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: CLIFFORD I. HERTZ, PRESIDENT 07/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MINKER, JULES S GOLDSTEIN, JAMES E Name: Name:

9000 BURME RD STE 102 1475 WEST CYPRESS CREEK ROAD, SUITE 202 Address: Address:

City-St-Zip: PALM BCH GARDENS, FL 33403 City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: () Delete Title: () Change (X) Addition

SCHROEDER, ANDERS U Name: Name:

1475 WEST CYPRESS CREEK ROAD, SUITE 202 Address: Address:

FORT LAUDERDALE, FL 33309 US City-St-Zip: City-St-Zip:

() Delete Title: () Change (X) Addition Title:

BAND, ROBERT Name: Name:

1475 WEST CYPRESS CREEK ROAD, SUITE 202 Address Address:

City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: () Delete Title: () Change (X) Addition GOLDSTEIN, DANIEL Name: Name:

1475 WEST CYPRESS CREEK ROAD, SUITE 202 Address: Address:

City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33309 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD I. HERTZ, ESQ., AUTHORIZED REP. AR 07/15/2009