

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000101205

**Entity Name:** BALFOUR KNIGHT PROPERTIES, LLC

**Current Principal Place of Business:**

4945 RIVER BASIN DRIVE SOUTH  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P.O. BOX 10126  
JACKSONVILLE, FL 32247 US

**FEI Number:** 46-5420389

**Certificate of Status Desired:** No

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

STUTSMAN THAMES & MARKEY, P.A.  
50 NORTH LAURA STREET  
1600  
JACKSONVILLE, FL 32202 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            MARKS, JASON L  
Address        P.O. BOX 10126  
City-State-Zip: JACKSONVILLE FL 32247

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JASON MARKS

AMBR

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date