

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A00000000119**

1. Entity Name  
**JERICO PARTNERS LIMITED PARTNERSHIP**



Principal Place of Business  
**1470 JAMAICA COURT**  
**MARCO ISLAND, FL 34145**

Mailing Address  
~~1470 JAMAICA COURT~~  
~~MARCO ISLAND, FL 34145~~

**FILED**  
**2007 MAR -9 AM 9:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**202 Golf Creek Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Gallatinburg, TN**

Zip

Country

Zip  
**37738**

Country  
**USA**

03052007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-3618423**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MERLIN**  
**1470 JAMAICA COURT**  
**MARCO ISLAND, FL 34145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000069025**  
 NAME **BLACK KNIGHT PRODUCTIONS, INC.**  
 STREET ADDRESS **1470 JAMAICA COURT**  
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Merlin Miller, Pres. Black Knight Productions, Inc.* **1 March 07** **865-323-3601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE