


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 13 AM 11:12

DOCUMENT # A04000001560			
1. Entity Name KNOWLES PROPERTIES, LTD.			
Principal Place of Business 950 GRAND CANAL STREET GULF BREEZE, FL 32563		Mailing Address 950 GRAND CANAL STREET GULF BREEZE, FL 32563	
2. Principal Place of Business 4160 SOUNDPOINT DR Suite, Apt. #, etc.		3. Mailing Address 4160 SOUNDPOINT DR Suite, Apt. #, etc.	
City & State Gulf Breeze FL		City & State Gulf Breeze FL	
Zip 32563	Country US	Zip 32563	Country US
6. Name and Address of Current Registered Agent KNOWLES, MARK D 950 GRAND CANAL STREET GULF BREEZE, FL 32563		4. FEI Number 20-1876156 Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name MARK D Knowles Street Address (P.O. Box Number is Not Acceptable) 4160 SOUNDPOINT DR City Gulf Breeze FL Zip Code 32563		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$.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 # NAME STREET ADDRESS CITY-ST-ZIP	L04000032682 KNOWLES MANAGEMENT, L.L.C. 950 GRAND CANAL STREET GULF BREEZE, FL 32563	STREET ADDRESS CITY-ST-ZIP	4160 SOUNDPOINT DR Gulf Breeze, FL 32563
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900060253339
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KNOWLES MANAGEMENT L.L.C. (Mark D Knowles mgr.)		09/05/05 850 934 5732	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE