

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

08 JAN 30 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A04000001560**

1. Entity Name  
**KNOWLES PROPERTIES, LTD.**



Principal Place of Business  
**2911 WESTFIELD ROAD  
GULF BREEZE, FL 32563**

Mailing Address  
**2911 WESTFIELD ROAD  
GULF BREEZE, FL 32563**



01212008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1876156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KNOWLES, MARK D  
4160 SOUNDPOINT DR  
GULF BREEZE, FL 32563**

**DO NOT WRITE  
IN THIS SPACE**

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

*Mark D Knowles*  
Signature, typed or printed name of registered agent and title if applicable.

*1-21-08*  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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

DOCUMENT # **L04000032682**  
NAME **KNOWLES MANAGEMENT, L.L.C.**  
STREET ADDRESS **4160 SOUNDPOINT DR**  
CITY-ST-ZIP **GULF BREEZE, FL 32563**

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**100117639671**  
**02/11/08--01005--011 \*\*638.75**

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mark D Knowles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1-21-08*  
Date

*850 934 5732*  
Daytime Phone #

STAPLE CHECK HERE