
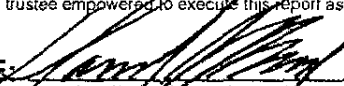


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000000737 1. Entity Name KNIGHTS ASSOCIATES, L.L.P.					
Principal Place of Business 240 SOUTH PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236			Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-size: 1.2em;">20-2679008</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAND, DAVID S 240 SOUTH PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right; font-weight: bold;">FL</div> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	NAME		STREET ADDRESS		
STREET ADDRESS	BAND, DAVID S		CITY-ST-ZIP		
CITY-ST-ZIP	240 SOUTH PINEAPPLE AVE. SARASOTA, FL 34236				
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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 			David S. Band, Gen Ptr		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/15/06 <small>Date</small>		

STAPLE CHECK HERE



03062006 Chg-LP CR2E003 (11/05)

20-2679008

\$8.75 Additional
Fee Required

FL

U00000533116
05/06/06-80103-016 500.00