


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

<b>DOCUMENT # A05000000737</b> 1. Entity Name KNIGHTS ASSOCIATES, L.L.L.P.	
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Principal Place of Business 240 SOUTH PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236	Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BAND, DAVID S 240 SOUTH PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	
DOCUMENT #	
NAME	BAND, DAVID S
STREET ADDRESS	240 SOUTH PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL 34236
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100089614261  
02/27/07--01057--022 \*\*500.00

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   2/6/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

07 FEB 23 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-2679008	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

STAPLE CHECK HERE