

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

6326



DOCUMENT # A12861 1. Entity Name COLUMBIAN KNIGHTS, LTD.					
Principal Place of Business POST OFFICE BOX 47050 3740 BEACH BLVD. JACKSONVILLE, FL 32247			Mailing Address POST OFFICE BOX 47050 3740 BEACH BLVD. JACKSONVILLE, FL 32247		
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 59-2275784	
5. Certificate of Status Desired <input checked="" 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	
DEMETREE, JACK C 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$90.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	L98000003508		STREET ADDRESS		
NAME	JCD COLUMBIAN KNIGHTS, L.L.C. ✓		CITY - ST - ZIP		
STREET ADDRESS	3740 BEACH BLVD, #300				
CITY - ST - ZIP	JACKSONVILLE, FL				
DOCUMENT #	L98000003506		STREET ADDRESS		
NAME	WCD COLUMBIAN KNIGHTS, L.L.C. ✓		CITY - ST - ZIP		
STREET ADDRESS	3740 BEACH BLVD, #300				
CITY - ST - ZIP	JACKSONVILLE, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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: <i>Jack C. Demetree</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/12/04 904/398-7350 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE