

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 10 AM 9:35

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.

10062005 REIN-LP CR2E100 (6/04)

City & State

City & State

4. FEI Number  
59-2275784

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$90.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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  
NAME JCD COLUMBIAN KNIGHTS, L.L.C.  
STREET ADDRESS 3740 BEACH BLVD, #300  
CITY-ST-ZIP JACKSONVILLE, FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # L98000003506  
NAME WCD COLUMBIAN KNIGHTS, L.L.C.  
STREET ADDRESS 3740 BEACH BLVD, #300  
CITY-ST-ZIP JACKSONVILLE, FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS  
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REINSTATEMENT 2005

700060951307  
10/26/05--01038--001 \*\*150.00

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/6/05 904/398-7350  
Date Daytime Phone #

STAPLE CHECK HERE