2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 14, 2006 08:00 AN Secretary of State

D(CI	JMF	MT	# A	.12	หล	1
1 31	11 .1	JIVIT-	'1 U I	#- /	ιIZ	.uu	

1. Entity Name COLUMBIAN KNIGHTS, LTD.



Principal Place of Business POST OFFICE BOX 47050 3740 BEACH BLVD, IACKSONVILLE, FL 32247 Mailing Address

POST OFFICE BOX 47050 3740 BEACH BLVD. JACKSONVILLE, FL 32247



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DEMETREE, JACK C 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
SIGNATURE -	Signature, typed or printed name of registered agent and little if applicable	· x ·	DATE				
			DATE				
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						
DOCUMENT #	L98000003508						
NAME	JCD COLUMBIAN KNIGHTS, L.L.C.		U00000511199^M				
STREET ADDRESS	3740 BEACH BLVD, #300	04/29/06-80040-007 508.75^M					
CITY-S1-ZIP	JACKSONVILLE, FL						
DOCUMENT#	L98000003506						
NAME	WCD COLUMBIAN KNIGHTS, L.L.C.						
STREET ADDRESS	3740 BEACH BLVD, #300						
CITY-ST-ZIP	JACKSONVILLE, FL						
DOCUMENT #							
NAME		50.4	The same of the same and the sa				
STREET ADDRESS		N OU	OT WRITE				
CITY-ST-ZIP		1 N 1 11 11 11 11 11 11 11 11 11 11 11 1	UO ODAOE				
DOCUMENT #		IN IF	IIS SPACE				
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #							
NAME							
STREET AUDRESS							
CITY-ST-ZIP							
DOCUMENT#							
NAME							
STREET ADDRESS							
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 path; 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							

F SIGNING GENERAL PARTNER

8. The above named entity submits this statement for the number of changing its registered office or registered agent, or both, in the State of Florida, Lam lamillar with, and accent