2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Feb 19, 2007 08:00 AM Secretary of State

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



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2275784

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Name and Address of Current Registered Agent

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

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		IN THIS SPACE
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 little if applicable DATE		
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	
OOCUMENT #	L98000003508	
NAME	JCD COLUMBIAN KNIGHTS, L.L.C.	
STREET ADDRESS	3740 BEACH BLVD, #300	
CITY-ST-ZIP	JACKSONVILLE, FL	
DOCUMENT #	L98000003506	
NAME	WCD COLUMBIAN KNIGHTS, L.L.C.	U00000641622
STREET ADDRESS	3740 BEACH BLVD, #300	U00000641622 03/01/07-80007-008 508.75
CHY-ST-ZIP	JACKSONVILLE, FL	
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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 820, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

2/1/07

904-398-735D Davine Prone #