## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## SECRETARY OF STATE **Due By May 1, 2008** TALLAHASSEE, FLORIDA DOCUMENT #A12861 08 MAR 14 AM 8: 33 COLUMBIAN KNIGHTS, LTD. Principal Place of Business Mailing Address POST OFFICE BOX 47050 POST OFFICE BOX 47050 3740 BEACH BLVD. 3740 BEACH BLVD. JACKSONVILLE, FL 32247 JACKSONVILLE, FL 32247 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P O BOX 47050 1551 ATLANTIC BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chq-LP CR2E003 (12/06) SUITE 300 City & State City & State JACKOSNVILLE, FL 4. FEI Number Applied For JACKSONVILLE, FL 59-2275784 Not Applicable Ζiρ \$8.75 Additional 5. Certificate of Status Desired 32207 DUVAL 32247-7050 Fee Required DUVAL 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMETREE, JACK C Street Address (P.O. Box Number is Not Acceptable) 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207 1551 ATLANTIC BLVD., SUITE 300 Zip Code JACKSONVILLE 32207 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 File NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY L98000003508 DOCUMENT # STREET ADDRESS JCD COLUMBIAN KNIGHTS, L.L.C. NAME 1551 ATLANTIC BLVD., SUITE 300 STREET ADDRESS 3740 BEACH BLVD, #300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL JACKSONVILLE, FL 32207 DOCUMENT # L98000003506 STREET ADDRESS NAME WCD COLUMBIAN KNIGHTS, L.L.C. 1551 ATLANTIC BLVD., SUITE 300 STREET ADDRESS 3740 BEACH BLVD, #300 CITY-ST-7IP CHY-ST-ZW JACKSONVILLE, FL JACKSONVILLE, FL 32207 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #

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

STREET ADDRESS

CHY-ST-ZIP

RINTED NAME OF SIGNING GENERAL PARTNER

HERE

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Date