

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006563 AT

DOCUMENT # A12861

1. Entity Name  
COLUMBIAN KNIGHTS, LTD.Principal Place of Business  
POST OFFICE BOX 47050  
3740 BEACH BLVD.  
JACKSONVILLE FL 32247Mailing Address  
POST OFFICE BOX 47050  
3740 BEACH BLVD.  
JACKSONVILLE FL 32247FILED  
03 JAN 28 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; 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.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 #  
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CITY-ST-ZIP

400011125114  
01/28/03--01032--011 \*\*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: *Jack C Demetree* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/03 904/398-7350  
Date Daytime Phone #

CR2E003 (10/02)