

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 20 AM 10:50



BK 10/20/97

1. Name of Limited Partnership
1a. DOCUMENT #
A30884

KNIGHT HOLDINGS, LTD.

Mailing Address
P.O. BOX 700
BELLE GLADE FL 33430

Principal Office Address
P.O. BOX 700
BELLE GLADE FL 33430

3. Date Formed or Registered
12/07/1990

5a. Capital Contributions as
Shown on record.
\$2,063,850.00

3a. Date of Last Report
12/13/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$12,161,802

4. State or Country of Formation
FL

6. FEI Number
65-0230400

7. Certificate of Status Desired
☐ Applied For
☐ Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
NOWICKI, MARK J.
1155 U.S. HIGHWAY ONE
SUITE 302
JUNO BEACH FL 33408

10. If changed, new Registered Agent/Office
Name
Mark J. Nowicki
Street Address (P.O. Box Number Is Not Acceptable)
14155 U.S. Highway One
Suite, Apt. #, etc.
Suite 302
City
Juno Beach
FL 33408

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
S.N. KNIGHT & SONS, INC.	1155 US HWY 1 #302	JUNO BEACH FL	276705
KNIGHT, SAMUEL N JR.	P. O. BOX 700 N/A	BELLE GLADE FL 33430	
HODGE, SHERYL K	P. O. BOX 700 N/A	BELLE GLADE FL 33430	
KNIGHT, STEPHEN	P. O. BOX 700 N/A	BELLE GLADE FL 33430	
KNIGHT, MARY M	P.O. BOX 700 N/A	BELLE GLADE FL 33430	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

9/23/97

Typed or Printed Name of General Partner Signing Form

Steven L. Williams, Officer, S.N. Knight & Sons, Inc.

Daytime Telephone Number

561-996-6262

CR2E003 (6/97)