



**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra Morham</b> Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b></p> <p>96 DEC 18 PM 2:14</p> 	
<b>1. Name of Limited Partnership</b>  <b>KNIGHT AGRICULTURE, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A93000000445</b>			
<b>Mailing Address</b> P.O. BOX 730 BELLE GLADE FL 33430		<b>Principal Office Address</b> P.O. BOX 730 BELLE GLADE FL 33430		<b>3. Date Formed or Registered</b> <b>04/30/1993</b>	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3a. Date of Last Report</b> <b>12/13/1995</b>	
<b>4. State or Country of Formation</b> <b>FL</b>		<b>5a. Capital Contributions as Shown on record.</b> <b>\$4,872,000.00</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>6. FEI Number</b> <b>65-0404773</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b>  <b>NOWICKI, MARK J ESQUIRE</b> <b>14155 US HIGHWAY ONE</b> <b>SUITE 302</b> <b>JUNO BEACH FL 33408</b>	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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**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.

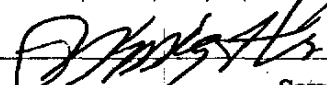
SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

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

<b>11. Name(s) of General Partner(s)</b>  <b>KNIGHT, SAMUEL N., JR. TRUST</b>  <b>KNIGHT, RAMONA A TRUSTEE</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <b>5603 PENNOCK POINT RO</b>  <b>5603 PENNOCK POINT RO</b>	<b>11b. City, State &amp; Zip Code</b>  <b>JUPITER FL 33458</b>  <b>JUPITER FL 33458</b>	<b>11c. Registration/Document Number</b>  <div style="text-align: right;"> <b>300002041099--0</b>  <b>-12/30/96--01040--019</b>  <b>****585.00 ****585.00</b> </div>
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**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 **12/9/96**

Typed or Printed Name of General Partner Signing Form **Samuel N. Knight, Jr.** Daytime Telephone Number **561-996-6262**

CR2E003 (6/96)