

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

LIMITED
PARTNERSHIP

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

A93000000445

1. Name of Limited Partnership

Knight Agriculture, Ltd.

2. Principal Office Address

205 S.W. 1st Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 730

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

City & State

Belle Glade, FL

Zip

33430

Country

USA

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

65-0404773

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$4,872,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name

Mark J. Nowicki Exquire

Street Address (P.O. Box Number is Not Acceptable)

14155 U.S. Highway One

Suite, Apt. #, Etc.

Suite 302

City

Juno Beach

State

FL

Zip Code

33408

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: "If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee."

9. 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.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Samuel N. Knight, Jr.	5603 Pennock Pt. Rd.	Jupiter, FL 33458	
Ramona A. Knight	5603 Pennock Pt. Rd.	Jupiter, FL 33458	
800003500178--5 -12/13/00--01088--012 ****158.75 ****158.75			
800003500178--5 -12/13/00--01088--013 ****367.50 ****367.50			

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

S.N. Knight, Jr.

DATE

10/17/00

Typed or Printed Name of General Partner Signing Form

S.N. Knight, Jr.

Telephone Number

561-996-6262

CR2E039 (9/00)

(2)
P.O. Box 730
205 S.W. 1st Street
Belle Glade, Florida 33430
(561) 996-6262
(561) 992-8995 Fax

Knight Agriculture, Ltd.

October 13, 2000

Trevor Brumbley
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Brumbley:

As per our conversation on this date, please find attached, the executed Limited Partnership Reinstatement Application, along with a check in the amount of \$367.50 for the balance due.

This office has not received any correspondence regarding this filing until the Certificate of Revocation was received today.

Please forward a Certificate of Status as soon as possible. Thank you for your assistance.

Sincerely,



S.N. Knight, Jr.
General Partner

enclosure