LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # AA 38000004 45

1. Entity Name

KNIGHT AGRICULTURE, LTD.

DO NOT WRITE IN THIS SPACE

5/15

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
205 S.W. 1ST ST.	P.O. BOX 730
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BELLE GLADE, FL	City & State: BELLE GLADE, FL
Zip: 33430 Country: PALM BEACH	Zip: 33430 Country: PALM BEACH

4. FEI Number: 65-0404773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARK J. NOWICKI

Street Address (P.O. Box Number is Not Acceptable): 14155 U.S. HIGHWAY ONE

SUITE 302

City: JUNO BEACH FL Zip Code: 33408

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$4,872,000.		

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	SAMUEL N. KNIGHT, JR. 5603 PENNOCK PT. RD. JUPITER, FL 33458
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	RAMONA A. KNIGHT, TRUSTEE 5603 PENNOCK POINT RD. JUPITER, FL 33458
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	
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STREET ADDRESS	800005638668--5
CITY-ST-ZIP	-05/30/02--01006--022
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CR2E003B (12/01)

STAPLE CHECK HERE

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: _____ SAMUEL N. KNIGHT, JR. 05/08/02 561-996-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #