FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#



	A96000001293			
KNIGHT'S KROSSING II LTD).		, 188,1811 (1818 1811) 8131, 881 -	1 4 1017 1897 1 4 1017 1 1018 1018 1018 1018 1018 1018 10
Mailing Address 5700 S.W. 34TH STREET. SUITE 1307	Principal Office Address 5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608		3. Date Formed or Registered 07/09/1996	5a. Capital Contributions as Shown on record \$100.00 5b. Amount of Capital Contributions in FLORIDA to date
GAINESVILLE FL 32608			3a. Date of Last Report 12/31/1997	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 59-3397266	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Cour	ntry		Fec Required State (See reverse side for fee information)
9. Name and Address of Cur	rrent Registered Agent		10. If changed, new Registered	Agent/Office
DAVIS, NORITA V	Na	Name		
20721 S.W. 46TH AVENUE	Str	reet Address (P.C	D Box Number is Not Acceptable)	
NEWBERRY FL 32689		Suite, Apt #, etc		
		City FL Zip Code		
	and 620.192, Florida Statutes, the above-named limit or registered agent, or both, in the State of Fiorida Stations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)			DATE	
A GENERAL PARTNER THA	AT IS A CORPORATION, LIM JST BE REGISTERED AND A	ACTIVE V	RTNERSHIP OR OTH VITH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each General Partne 11a. (Do NOT Use Post Office Box Num	er bers) 11b	City, State & Zip Code	11c. Registration/ Document Number
EARTHART, INCORPORATED	5700 S.W. 34TH STREET		GAINESVILLE FL 32608	G72943
			* (ጠጠጠር 03/1) ****	*\$in3:4952 \$/9901004005 41.25 ****141.25
Note: General partners MAY N	OT be changed on this form; a	n amendn	nent must be filed to ch	ange a general partner.
40	and the control of th	f	11.11.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	

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), Fronda Statutes Trelease the Division of Corporation
	from any liability of non-compliance with Section 110.07(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 length of the limited partnership, receiver or trustee empowered to
	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, Floride Settutes.

Rounie C. Douts, or Printed Name of General Partner Signing Form

Daytime Telephone Number

DATE 2/25/99