2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # A9600001982

1. Entity Name

KNIGHTS LANDING APARTMENTS, LTD.



FILED Mar 15, 2007 08:00 A Secretary of State

Principal Place of Business

9095 S.W. 87TH AVENUE, SUITE 777

MIAMI, FL 33176

Mailing Address

9095 S.W. 87TH AVENUE, SUITE 777

MIAMI, FL 33176



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0713142

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES R 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature typed or printed name of registered agent and title if applicable	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

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	12. GENERAL PARTNER INFORMATION		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	511577 PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176	
1	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP		
	DOCUMENT #		

U00000668704 03/27/07-80041-013 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Irmited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PR

James R. Mitchell

3/14/07

305-270-0870