APPROVED
AND
FILED

02 APR 15 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001620

1. Entity Name
Earl E. Knabb Family Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
115 S. 5th St.	115 S. 5th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Macclenny, FL	City & State: Macclenny, FL
Zip: 32063 Country: U.S.A.	Zip: 32063 Country: U.S.A.

DUE BY MAY 1

4. FEI Number: 59-3601059 ☐ 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: Frank Yong

Street Address (P.O. Box Number is Not Acceptable): 701 Riverside Park Place, Suite 110

City: Jacksonville FL Zip Code: 32204

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
$4,000,000.00	$2,000,000.00	

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P99000087352
NAME	Earl E. Knabb, Inc.
STREET ADDRESS	115 South 5th St.
CITY-ST-ZIP	Macclenny, FL 32063
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	300005293733--8 -04/18/02--01068--025 ****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
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STREET ADDRESS	
CITY-ST-ZIP	

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: Cheryl Y. Aschenbrenner 4-9-02 (904)855-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #