

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

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A99000001620**

**1. Entity Name**  
**EARL E. KNABB FAMILY LIMITED PARTNERSHIP**



**Principal Place of Business**  
**115 SOUTH 5TH STREET**  
**MACCLENNY, FL 32063**

**Mailing Address**  
**115 SOUTH 5TH STREET**  
**MACCLENNY, FL 32063**



01162007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3601059**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**YONG, FRANK**  
**4570 ST. JOHNS AVE., STE. 1A**  
**JACKSONVILLE, FL 32210**

**DO NOT WRITE**  
**IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and fee 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.**

**12. GENERAL PARTNER INFORMATION**

**DOCUMENT #** P99000087352  
**NAME** EARL E. KNABB, INC.  
**STREET ADDRESS** 115 SOUTH 5TH STREET  
**CITY-ST-ZIP** MACCLENNY, FL 32063

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U000000718407  
05/01/07-80021-017 500.00

**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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE