

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 29 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000143  
1. Entity Name The Knob, Limited Partnership

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
260 E. Jefferson Street  
Suite, Apt. #, etc.

3. Mailing Address  
260 E. Jefferson Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Rockville, Maryland  
Zip 20850 Country USA

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Rockville, Maryland  
Zip 20850 Country USA

4. FEI Number 52-1973894  
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 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City Tallahassee, FL Zip Code 32301

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.

300007426323--4

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

DATE

9. Capital Contributions as Shown on record. \$350,000.00  
10. Amount of Capital Contributions in FLORIDA to date. \$350,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # FO1000002076  
NAME Red Barn Associates, Inc.  
STREET ADDRESS 3295 North Hill Court  
CITY-ST-ZIP Middletown, Maryland 21769

DOCUMENT #  
NAME Rex L. Sturm  
STREET ADDRESS 260 E. Jefferson Street  
CITY-ST-ZIP Rockville, Maryland 20850

DOCUMENT #  
NAME Alexander M. Lankler  
STREET ADDRESS 88 West Riverside Drive  
CITY-ST-ZIP Jupiter, Florida 33469

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Alexander M. Lankler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Aug. 28, 2002

Date

(703) 883-0102

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE

Attachment

# B01000000143



ACCOUNT NO. : 072100000032

REFERENCE : 723559 4365401

AUTHORIZATION : *Patricia T. Hagan*

COST LIMIT : \$ *9*35.00

ORDER DATE : August 28, 2002

ORDER TIME : 11:43 AM

ORDER NO. : 723559-005

CUSTOMER NO: 4365401

CUSTOMER: Joel Smith, Esq  
Sack & Harris, P.C.  
8270 Greensboro Drive  
Suite 630  
McLean, VA 22102

RECEIVED  
02 AUG 29 PM 12:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
FINANCIAL SERVICES  
TALLAHASSEE, FL 32310

ANNUAL REPORT FILING

NAME: THE KNOB LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS: \_\_\_\_\_