


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

APPROVED
AND
FILED

04 APR -9 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000143	
1. Entity Name THE KNOB, LIMITED PARTNERSHIP	

Principal Place of Business 6206 NORTH 27TH STREET ARLINGTON VA 22207	Mailing Address 6206 NORTH 27TH STREET ARLINGTON VA 22207
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2. Principal Place of Business 40 Brown & Sturm	3. Mailing Address 88 W. Riverside Dr.
Suite, Apt. #, etc. 260 E. Jefferson St.	Suite, Apt. #, etc.
City & State Rockville, MD	City & State Jupiter FL
Zip 20850	Country U.S.A.
Zip 33469	Country U.S.A.



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this the obligations of registered agent.	ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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SIGNATURE Signature, typed or printed name of 000.00	ad agent and title, if applicable 000.00
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9. Capital Contributions as shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # F01000002076	NAME RED BARN ASSOCIATES, INC.	STREET ADDRESS 40 Brown & Sturm	CITY-ST-ZIP 260 E. Jefferson St. Rockville, MD 20850
STREET ADDRESS 6206 NORTH 27TH STREET	CITY-ST-ZIP ARLINGTON VA 22207	STREET ADDRESS 100033404851	CITY-ST-ZIP 04/21/04--01019--005 **526.25
DOCUMENT # LANKLER, ALEXANDER	NAME 88 WEST RIVERSIDE DRIVE	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS JUPITER FL 33469	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	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: Roberta Lee Mchachette **3-8-04** **703 539 5204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE