

2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B01000000143</b> 1. Entity Name <b>THE KNOB, LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>C/O BROWN &amp; STORM T 260 E JEFFERSON ST. ROCKVILLE, MD 20850</b>				Mailing Address <b>88 W. RIVERSIDE DR JUPITER, FL 33469</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
03162005      Chg-LP      CR2E003 (10/03)				4. FEI Number <b>52-1973894</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: <b>\$350,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<b>F01000002076 RED BARN ASSOCIATES, INC. 260 E JEFFERSON ST ROCKVILLE, MD 20850</b>			 		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<b>LANKLER, ALEXANDER 88 WEST RIVERSIDE DRIVE JUPITER, FL 33469</b>			 		
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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.					
<b>SIGNATURE: Alexander M. Lankler, General Partner</b>					<b>3-18-05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					<small>Date</small>
<small>Daytime Phone #</small>					

STAPLE CHECK HERE.