

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:17

DOCUMENT # B01000000143

1. Entity Name
THE KNOB, LIMITED PARTNERSHIP



Principal Place of Business
C/O BROWN & STORM T
260 E JEFFERSON ST
ROCKVILLE, MD 20850

Mailing Address
88 W RIVERSIDE DR
JUPITER, FL 33469

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
10 Lee Machette
6206 N. 27th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-LP CR2E003 (12/06)

City & State

City & State
Arlington, Va.

4. FEI Number
52-1973894

Applied For
 Not Applicable

Zip

Country

Zip

Country

22207

U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F01000002076**
 NAME **RED BARN ASSOCIATES, INC.**
 STREET ADDRESS **260 E JEFFERSON ST**
 CITY-ST-ZIP **ROCKVILLE, MD 20850**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME **LANKLER, ALEXANDER**
 STREET ADDRESS **88 WEST RIVERSIDE DRIVE**
 CITY-ST-ZIP **JUPITER, FL 33469**

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

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 #

Alexander M. Lankler 1-11-07 7035345204
 General Partner - Alexander M. Lankler

STAPLE CHECK HERE