

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

**DOCUMENT #** B01000000143

**1. Entity Name**

The Knob, Limited Partnership



**FILED**

03 APR 21 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

6206 N. 27th Street

Suite, Apt. #, etc.

**3. Mailing Address**

6206 N. 27th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

**City & State**  
Arlington, Virginia

**City & State**  
Arlington, Virginia

**4. FEI Number**  
52-1973894

**Applied For**  
Not Applicable

**Zip**  
22207

**Country**  
USA

**Zip**  
22207

**Country**  
USA

**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. 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**

**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 FL. 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**

<b>DOCUMENT #</b>	F01000002076
<b>NAME</b>	Red Barn Associates, Inc.
<b>STREET ADDRESS</b>	6206 N. 27th Street
<b>CITY-ST-ZIP</b>	Arlington, Virginia 22207

**STREET ADDRESS**

**CITY-ST-ZIP**

<b>DOCUMENT #</b>	
<b>NAME</b>	Alexander Lankler
<b>STREET ADDRESS</b>	88 West Riverside Drive
<b>CITY-ST-ZIP</b>	Jupiter, Florida 33469

**STREET ADDRESS**

**CITY-ST-ZIP**

<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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 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:** *Lee Machette*

Lee Machette, VP of General Partner 4/16/03 (703) 534-5204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE