


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90282 023 \*\*\*\*50.00

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # L00000007145</b><br>1. Entity Name<br>W.A. KNIGHT BUILDING DEVELOPMENT, L.L.C.  |   |                                 |  |   |  |
| Principal Place of Business<br>118 W. ADAMS ST STE 700<br>JACKSONVILLE, FL 32202  |   |                                 | Mailing Address<br>118 W. ADAMS ST STE 700<br>JACKSONVILLE, FL 32202 |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address              |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.             |  |  |  |
| City & State  |   | City & State                    |  |  |  |
| Zip   | Country   | Zip                             | Country  | 4. FEI Number<br>59-3682859  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent   |   |                                 |  | 7. Name and Address of New Registered Agent  |  |
| LANGTON, MICHAEL<br>4224 ST. JOHNS AVENUE<br>JACKSONVILLE, FL 32210   |   |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>118 W. ADAMS ST.<br># 700<br>City JACKSONVILLE FL Zip Code 32202 |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                                 |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   |                                 |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>LB JAX DEVELOPMENT, L.L.C.<br>4224 ST. JOHNS AVENUE<br>JACKSONVILLE, FL 32210 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | 118 W. ADAMS ST. #700<br>JACKSONVILLE FL 32202   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                                 |  |  |  |
| <b>SIGNATURE: Michael Langton</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                                 | 2/1/05<br>Date   |  | 904-598-1368<br>Daytime Phone #  |