2007 LIMITED LIABILITY COMPANY

FILED 08:00.AM ıte

ANNUAL REPORT				Jul 13, 2007, 08:00
1. Entity Nam	MENT # L0000007	145		Secretary of Sta
W.A. KNIGHT BUILDING DEVELOPMENT, L.L.C.				
Principal Plac	e of Business	Mailing Address		
	MS ST STE 700 Le, Fl. 32202	118 W. ADAMS ST STE 700 JACKSONVILLE, FL 32202		
MONJOHVILI	LL, FL JEZUZ	MUNDONVILLE, IL JEZOZ		> (### ##) #1 ### ### ### ### ### ### ### ### ### ### ### ### ### ### ### ###
				
r	A NOT WOITE	IN THIS COA	CE	07092007No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPA			OE.	4. FEI Number Applied For 59-3682859 Not Applicable
				5 Certificate of Status Desired \$5.00 Additional
	6. Name and Address of Current F	Registered Agent	<u> </u>	Fee Required
		and a second second	i	•
LANGTON, MICHAEL 118 W. ADAMS ST STE 700 JACKSONVILLE, FL 32202				DO NOT WRITE
				IN THIS SPACE
				IN THIS STAGE
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
•	tions of taglatorou agosti.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE, Registere	d Agent signature required	when reinstating) DATE
Filing Fee is \$50.00 Due by September 14, 2007				
9.	MANAGING MEMBE	RS/MANAGERS	T -	<u> </u>
INTE	MGRM			
NAME STREET ADDRESS	LB JAX DEVELOPMENT, L.L.C. 118 W. ADAMS ST STE 700			
City-St-Zip	JACKSONVILLE, FL 32202	<u> </u>		
TILE				U00000768610
name Street address				07/13/07-80004-018 50.00
95-72-7113				
TITLE				
NAME Street Address				
CITY-ST-ZIP				DO NOT WRITE
ME				IN THIS SPACE
NAME Street Address				
CITY-ST-ZIP	<u>.</u>	ja derwijide - wa -		
TITLE			1	
NAME STREET ADDRESS				
City-SI-ZP				
TIDE			1	

11. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

904.598.1368