

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -3 AM 10:43

DOCUMENT # L05000074148

1. Entity Name
KNIGHT DEVELOPMENT PARTNERS, LLC



Principal Place of Business
6 EAST BAY STREET
SUITE 301
JACKSONVILLE, FL 32202

Mailing Address
6 EAST BAY STREET
SUITE 301
JACKSONVILLE, FL 32202

2. Principal Place of Business
14 East Bay St.

3. Mailing Address
14 East Bay St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32202

Country
USA

Zip
32202

Country
USA



09282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3755452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, HARRIS
6 EAST BAY, STE 301
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Miam Howard Nicandri Dees & Gillam, P.A.

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

14 East Bay Street

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 Signature, typed or printed name of registered agent and title if applicable.

G. Alan Howard, President 9.28.06

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BROWN, HARRIS
6 EAST BAY ST, STE 301
JACKSONVILLE, FL 32202 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
managing member
G. Alan Howard
14 East Bay St.
Jacksonville FL 32202 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
member
Peter E. Nicandri
(same) ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
member
Robert M. Dees
(same) ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
member
W. Braxton Gillam, IV
(same) ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
member
Paul M. Renner
(same) ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300080384963
10/03/06--01015--010 **50.00 ☐ Change ☐ Addition

11. 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 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 managing member 9/28/06 904 357 3660

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

Date

Daytime Phone #