2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074148

Address:

City-St-Zip:

14 EAST BAY ST

JACKSONVILLE, FL 32202

Entity Name: KNIGHT DEVELOPMENT PARTNERS, LLC

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14 EAST BAY ST JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 14 EAST BAY ST JACKSONVILLE, FL 32202 FEI Number: 11-3755452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILAM HOWARD NICANDRI DEES & GILAM PA MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 14 EAST BAY STREET 14 EAST BAY STREET JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US US 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. SIGNATURE: G. ALAN HOWARD 03/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HOWARD, G ALAN Name: Name: 14 EAST BAY ST Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: (X) Delete Title: () Change () Addition NICANDRI, PETER E Name: Name: Address: 14 EAST BAY ST Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: (X) Delete Title: () Change () Addition DEES, ROBERT M Name: Name: Address: 14 EAST BAY ST Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: (X) Delete Title: () Change () Addition M Name: GILLAM, W BRAXTON IV Name: Address: 14 EAST BAY ST Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: (X) Delete Title: () Change () Addition RENNER, PAUL M Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: G. ALAN HOWARD MM 03/30/2009