

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000278					
1. Entity Name THE BLATE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 9290 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL			Mailing Address 9290 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 05-0978855	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SULZBERGER, ERIC W ESQ. 1000 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLAND, FL 33154			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		
Zip Code			Zip Code		
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 _____ DATE _____ Signature typed or printed name of registered agent and date if applicable.					
9. Capital Contributions as Shown on record. \$2,500,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BLATE, STEVEN 1351 LORREL S.W. NORTH CANTON, OH 44720		STREET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information reflected 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 partner of limited partnership to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Steven Blate</i>			15 July 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE		

STATE OF FLORIDA

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