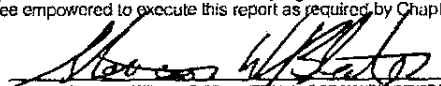


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 22, 2005 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 Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		01242005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0978955				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULZBERGER, ERIC W ESQ. 1090 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	
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 file if applicable					
9. Capital Contributions as Shown on record. \$2,500,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			STEVEN W. BLATE 9 FEB 05 (305) 865-8300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



STAPLE CHECK HERE