2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A00000000278

1. Entity Name
THE BLATE FAMILY LIMITED PARTNERSHIP

DIVISION OF CORPORATIONS
06 FEB -8 AM 9:28

Principal Place of Business
9290 WEST BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL

Mailing Address
9290 WEST BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL

02052006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
9290 W. BAY HARBOR DR		1351 LORRELL AVE. S.W.	
Suite, Apt. #, etc. APT #2.		Suite, Apt. #, etc.	
City & State BAY HARBOR ISLANDS, FL		City & State N. CANTON, OHIO	
Zip 33154	Country	Zip 44720	Country USA.

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

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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 / CITY-ST-ZIP	
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STAPLE CHECK HERE

14. 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 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 6 FEB. 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #