

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT**

DOCUMENT # A0100000631  
1. Entity Name  
BLT HOLDINGS, LTD.

**FILED**

02 MAY -1 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MJH*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>125 Worth Avenue</b> Suite, Apt. #, etc. <b>Suite 302</b> City & State <b>Palm Beach, FL</b> Zip <b>33480</b> Country <b>USA</b>	3. Mailing Address <b>125 Worth Avenue</b> Suite, Apt. #, etc. <b>Suite 302</b> City & State <b>Palm Beach, FL</b> Zip <b>33480</b> Country <b>USA</b>
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*SAI*  
**DO NOT WRITE IN THIS SPACE**

**DUE BY MAY 1**

4. FEI Number <b>65-1101345</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Tolley, Barbara**  
Street Address (P.O. Box Number is Not Acceptable)  
**125 Worth Avenue, Suite 302**  
City **Palm Beach** **FL** Zip Code **33480**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (Note: registered Agent signature required when re-registering)

9. Capital Contributions as shown on record. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$610,000.00</b>	1. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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			
DOCUMENT #	NAME <b>BLT Enterprises, Inc.</b>	STREET ADDRESS	
	STREET ADDRESS <b>125 Worth Ave., Suite 302</b>	CITY-ST-ZIP	
	CITY-ST-ZIP <b>Palm Beach, FL 33480</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	<i>FF \$526.25</i>
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	<b>500005600915--7</b>
	CITY-ST-ZIP		<b>-05/24/02--01005--013</b>
			<b>****526.25 ****526.25</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *Barbara Tolley* **Barbara Tolley, President** April 26, 2002 (561) ~~588-1000~~ *655-3200*  
SIGNATURE AND TYPED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #