

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A01000000631**

1. Name of Limited Partnership

BLT HOLDINGS, LTD.

2. Principal Office Address

PO Box 3232

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 3232

Suite, Apt. #, etc.

City & State

Palm Beach, FL.

Zip

33480

Country

USA

City & State

Palm Beach, FL.

Zip

33480

Country

USA

8. Name and Address of Current Registered Agent

Name

Barbara Tolley

Street Address (P.O. Box Number is Not Acceptable)

2155 Ibis Isle Rd.

Suite, Apt. #, Etc.

PH 2

City

Palm Beach

State

FL

Zip Code

33480

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

F01000002477

BLT Enterprises, Inc

2155 Ibis Isle Rd.

Palm Beach, FL. 33480

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration Document Number

900054306909
05/12/05--01008--002 **2052.50

2004-2005

REINSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Barbara Tolley, President

DATE

4/18/05

Typed or Printed Name of General Partner Signing Form

BARBARA TOLLEY

Telephone Number

561-588-2502

CR2E039 (10/02)