

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****Mar 17, 2004 08:00 AM**
Secretary of State**DOCUMENT # A99000000198**1. Entity Name
ESC BLACKBURN, LTD.Principal Place of Business
**3301 GLEN CAIRN CT., #203
BONITA SPRINGS, FL 34134**Mailing Address
**3301 GLEN CAIRN CT., #203
BONITA SPRINGS, FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3560426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLASP, INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103**

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

9. Capital Contributions
as Shown on record. **\$1,500,000.00**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 # **P99000001563**
NAME **ESC BLACKBURN, INC.**
STREET ADDRESS **3301 GLENCARIN COURT, #203**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

STREET ADDRESS

CITY-ST-ZIP

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U00000096314
03/25/04-80018-020 526.25

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: *Salvin Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-11-04

Date

239-992-7619

Daytime Phone #

STAPLE CHECK HERE