

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008959 AT

**DOCUMENT # A99000001690**

1. Entity Name

**BLANCK TRUST LIMITED PARTNERSHIP LLLP**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 28

Principal Place of Business <b>5730 S.W. 74TH STREET, SUITE 700 MIAMI FL 33143</b>	Mailing Address <b>5730 S.W. 74TH STREET, SUITE 700 MIAMI FL 33143</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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**DUE BY MAY 1, 2002**

City & State	City & State	4. FEI Number <b>65-0991690</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCK, ROBERT W ESQ.  
5730 S.W. 74TH STREET, SUITE 700  
MIAMI FL 33143**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,980,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000046786 BLANCK TRUST CORPORATION 5730 S.W. 74TH STREET, SUITE 700 MIAMI FL 33143</b>	STREET ADDRESS	
		CITY-ST-ZIP	<b>000005184200--3 04/03/02 01010 015 ****526.75 ****526.75</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		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:** *Robert Blance* **ROBERT BLANCE** 3/18/02 305-613-0177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE