

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT**

DOCUMENT # A0100000631

1. Entity Name

BLT HOLDINGS, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 Worth Avenue

Suite, Apt. #, etc.

Suite 302

City & State

Palm Beach, FL

Zip 33480

Country USA

3. Mailing Address

125 Worth Avenue

Suite, Apt. #, etc.

Suite 302

City & State

Palm Beach, FL

Zip 33480

Country USA

5/1

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-1101345

X

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(Note: registered Agent signature required when renaming)

DATE

9. Capital Contributions

as shown on record. **\$10,000.00**

10. Amount of Capital Contributions

in FLORIDA to date. **\$610,000.00**

1. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

BLT Enterprises, Inc.

STREET ADDRESS

125 Worth Ave., Suite 302

CITY-ST-ZIP

Palm Beach, FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF \$526.25

DOCUMENT #

NAME

STREET ADDRESS

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CITY-ST-ZIP

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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

SIGNATURE AND TYPED NAME OF SIGNING GENERAL PARTNER

Barbara Tolley, President

April 26, 2002 (561) 588-1990

Date

Daytime Phone #

65-3208