

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT

DOCUMENT # A01000000631

1. Entity Name

BLT HOLDINGS, LTD.

Principal Place of Business
**125 Worth Avenue
Suite 302
Palm Beach, FL 33480**

Mailing Address
**125 Worth Avenue
Suite 302
Palm Beach, FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33407**

Country **USA**

Zip **33407**

Country **USA**

FILED

03 APR 28 AM 9:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DUE BY MAY 1, 2003

4. FEI Number

65-0934403

Applied For

Not Applicable

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

**Tolley, Barbara
125 Worth Avenue, Suite 302
Palm Beach, FL 33480**

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.

SIGNATURE

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

(Note: registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as shown on record.

\$610,000.00

10. Amount of Capital Contributions in
FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F01000002477**
NAME **BLT Enterprises, Inc.**
STREET ADDRESS **125 Worth Avenue**
CITY-ST-ZIP **Palm Beach, FL 33480**

STREET ADDRESS

CITY-ST-ZIP

000017211900
04/28/03--01111--008 **526.25

DOCUMENT #
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STREET ADDRESS

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)(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 23, 2003

Date

(561) 588-2502

Daytime Phone #