


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021379 FP

4/5/13

<b>DOCUMENT #</b> A01000001447	
1. Entity Name <b>BLANCHARD FAMILY PARTNERSHIP, LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 13 AM 9:05

Principal Place of Business <b>5201 AVENUE LACROSSE LUTZ FL 33558</b>	Mailing Address <b>5201 AVENUE LACROSSE LUTZ FL 33558</b>
2. Principal Place of Business	3. Mailing Address



Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>DUE BY MAY 1, 2003</b>	
City & State	City & State	4. FEI Number <b>APPLIED FOR</b> <b>59 375 2981</b>	Applied For Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BLANCHARD, JEFFREY B 5201 AVENUE LACROSSE LUTZ FL 33558</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,700,241.00** 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P01000075240 BLANCHARD MANAGEMENT, INC. 5201 AVENUE LACROSSE LUTZ FL 33558</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:** JEFFREY B. Blanchard 4/8/03 813 909 7143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE