

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:13

DOCUMENT # A03000000198

1. Entity Name
BLUDAU RODE FAMILY PARTNERSHIP, LTD.



Principal Place of Business
2829 EMBASSY DRIVE
WEST PALM BEACH, FL 33401

Mailing Address
2829 EMBASSY DRIVE
WEST PALM BEACH, FL 33401

2. Principal Place of Business
20 Carlton Drive

3. Mailing Address
20 Carlton Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006 Chg-LP CR2E003 (11/05)

City & State
Acton, MA

City & State
Acton, MA

4. FEI Number
11-3679357

Applied For
 Not Applicable

Zip
01720

Country
USA

Zip
01720

Country
USA

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

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC
505 S. FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Barbara K. Sommers
 Street Address (P.O. Box Number is Not Acceptable)

380 Columbia Drive #111

City **West Palm Beach** **FL** Zip Code **33409**

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 *Barbara K. Sommers*

FEB 13 2006

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

FEB 13 2006

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 **BLUDAU, INC.**
 STREET ADDRESS **2829 EMBASSY DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **20 Carlton Drive**
 CITY-ST-ZIP **Acton, MA 01720**

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 exemptions contained in Chapter 119, 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: *Bmd*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *3/27/06* Daytime Phone #

STAPLE CHECK HERE

200072407892
04/27/06--01038--019 **500.00