


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # A04000000949 1. Entity Name BMLRW, LLLP	
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Principal Place of Business 4000B ST. JOHNS AVE, SUITE 22 JACKSONVILLE, FL 32205	Mailing Address 4000B ST. JOHNS AVE, SUITE 22 JACKSONVILLE, FL 32205
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 20-1333909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTON, W.H. JR
4000-B ST. JOHNS AVENUE, STE. 22
JACKSONVILLE, FL 32205

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

05/13/08-80108-008 500.00

**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 #	P04000144168
NAME	BMLRW MANAGER, INC.
STREET ADDRESS	1660 PRUDENTIAL DRIVE STE. 203
CITY-ST-ZIP	JACKSONVILLE, FL 32207
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: W. H. Walton Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE