


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A05663

1. Entity Name
BOULEVARD, LTD.



FILED
 04 FEB -3 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 MJW

Principal Place of Business
% DAVID W. THOMPSON
5636 GRAND BLVD.
NEW PORT RICHEY, FL 34652-3897

Mailing Address
% DAVID W. THOMPSON
5636 GRAND BLVD.
NEW PORT RICHEY, FL 34652-3897



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

01062004 Chg-LP CR2E003 (10/03) 2/3

4. FEI Number
59-2257965

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

6. Name and Address of Current Registered Agent
THOMPSON, DAVID W
5636 GRAND BLVD.
NEW PORT RICHEY, FL 34652-3897

7. Name and Address of New Registered Agent
 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. 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. **\$52,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # | THOMPSON, DAVID W | STREET ADDRESS | |
| NAME | 5636 GRAND BLVD | CITY-ST-ZIP | 900029110569 |
| STREET ADDRESS | NEW PORT RICHEY, FL 34652 | | 02/28/04 01020 001 **452.75 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | SHELTON, DAVID G | STREET ADDRESS | |
| NAME | 5636 GRAND BLVD | CITY-ST-ZIP | |
| STREET ADDRESS | NEW PORT RICHEY, FL 34652 | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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: David W. Thompson, Ltd 1-23-04 Date 727 847-5360 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID W. THOMPSON, LTD