

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

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SEAL OF THE STATE
TALLAHASSEE FLORIDA

MJD



DOCUMENT # A05663				
1. Entity Name BOULEVARD, LTD.				
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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2257965
				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			7. Name and Address of New Registered Agent	
THOMPSON, DAVID W 5636 GRAND BLVD. NEW PORT RICHEY, FL 34652-3897			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
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.		DATE		
SIGNATURE _____		DATE _____		
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 #	NAME		STREET ADDRESS	
	THOMPSON, DAVID W			
	5636 GRAND BLVD		CITY-ST-ZIP	
	NEW PORT RICHEY, FL 34652			
DOCUMENT #	NAME		STREET ADDRESS	
	SHELTON, DAVID G			
	5636 GRAND BLVD		CITY-ST-ZIP	
	NEW PORT RICHEY, FL 34652			
DOCUMENT #	NAME		STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #	NAME		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)(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: <i>David W. Thompson</i>		Date: 1-4-05		Daytime Phone #: 727 847-5360
DAVID W. THOMPSON, DMD				

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