

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**DOCUMENT # A05663**

1. Entity Name  
**BOULEVARD, LTD.**



**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

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
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07082008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2257965</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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.

U00000954047  
 07/10/08-80009-005 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 STREET ADDRESS CITY-ST-ZIP	THOMPSON, DAVID W 5636 GRAND BLVD NEW PORT RICHEY, FL 34652
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SHELTON, DAVID G 5636 GRAND BLVD NEW PORT RICHEY, FL 34652
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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: *David W. Thompson* 7-8-08 777 847-5360

STAPLE CHECK HERE