

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05663

Entity Name: BOULEVARD, LTD.

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

% DAVID W. THOMPSON  
5636 GRAND BLVD.  
NEW PORT RICHEY, FL 346523897

**New Principal Place of Business:**

**Current Mailing Address:**

% DAVID W. THOMPSON  
5636 GRAND BLVD.  
NEW PORT RICHEY, FL 346523897

**New Mailing Address:**

FEI Number: 59-2257965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, DAVID W  
5636 GRAND BLVD.  
NEW PORT RICHEY, FL 346523897 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: THOMPSON, DAVID W  
Address: 5636 GRAND BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Document #:

Name: SHELTON, DAVID G  
Address: 5636 GRAND BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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, DMD

\_\_\_\_\_ Electronic Signature of Signing General Partner

01/06/2009

\_\_\_\_\_ Date