2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

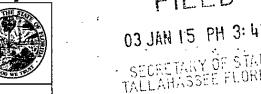
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1. Entity Name BOULEVARD, LTD.



FILED O3 JAN 15 PH 3: 43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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.			DUE BY MAY 1, 2003		
City & State	City & State		,	4. FEI Number 59-2257965 Applied Not Appl		
Zip - Country	Zip · _:	Country ~		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
THOMPOON DAMP W		Nan	ne			
THOMPSON, DAVID W		Stre	Street Address (P.O. Box Number is Not Acceptable)			
NEW PORT RICHEY FL 34652-3897						
		City	•	FL Zip Code		
The above named entity submits this statement fo the obligations of registered agent.	r the purpose of changing its	registered offic	ce or register	ered agent, or both, in the State of Florida. I am familiar with, and ac	ccept	
SIGNATURE Signature, typed or printed name of registered agent a				DATE ·	_	
9. Capital Contributions \$52,000.00 as Shown on record.	Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
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.		13.	ADDRESS CHANGES ONLY			
DOCUMENT # THOMPSON, DAVID W	,	STREET ADDR	ESS			
STREET ADDRESS 5636 GRAND BLVD NEW PORT RICHEY FL 34652		CITY-ST-ZIP		,		
DOCUMENT / SHELTON, DAVID G		STREET ADDR	ESS	20 0 010133562 01/15/0301070009 **452.75		
STREET ADDRESS 5636 GRAND BLVD NEW PORT RICHEY FL 34652	of the same	CITY-ST-ZIP		e de la companya de	~	
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STREET AODRESS CITY-ST-ZIP		CITY-ST-ZIP			ı	
DOCUMENT # NAME		STREET ADDR	ESS			

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

CR2E003 (10/02)