


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 3: 53

DOCUMENT # A06000001176		
1. Entity Name BL TOWNHOMES, LTD.		

Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301	Mailing Address 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

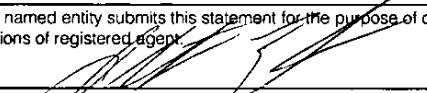


01142008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-5717867	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JONES, PATRICIA A C/O STILES CORPORATION 300 S.E. 2ND STREET, 8TH FLOOR FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Robert Esposito Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation 300 SE 2nd Street City Fort Lauderdale FL Zip Code 33301	
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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  Robert Esposito	DATE 11/31/08

Signature, typed or printed name of registered agent and title if applicable.

DATE

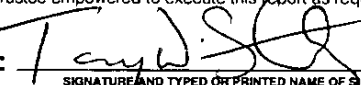
**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 #	L06000097841	STREET ADDRESS	
NAME	BL GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	300 S.E. 2ND STREET		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	800121509778
NAME		CITY-ST-ZIP	03/28/08--01006--021 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 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			
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**SIGNATURE:**  Terry W. Stiles January 31, 2008 954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #