2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A06000001319** 07 MAY 24 AM 9: 42 BLIF DEVELOPERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 321 EAST HILLSBORO BOULEVARD 321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-5904976 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 Zip Code 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 atte if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L06000109997 DOCUMENT # 980103699909 STREET ADDRESS BLIF GP, LLC NAME STREET ADDRESS 321 EAST HILLSBORO BOULEVARD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH, FL 33441 <u>600103702156</u> DOCUMENT # 06/01/07--01014--017 **508.75 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITX:-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 for the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes BY: BLIF GPENICCITY September 1 BY: NORTH MIAMI LAND HOLDINGS, INC., its managing member (954) 949-3480 SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <u>March 8, 2007</u> Daytime Phone # Theodore R. Stotzer,