



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

<b>DOCUMENT # A07000000711</b>		
1. Entity Name <b>BLACKLIDGE INSURANCE HOLDINGS, LLLP</b>		

Principal Place of Business <b>28810 FALLING LEAVES WAY WESLEY CHAPEL, FL 33543-5761</b>	Mailing Address <b>28810 FALLING LEAVES WAY WESLEY CHAPEL, FL 33543-5761</b>
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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

**FILED**  
08 APR 17 PM 3:32  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04172008    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>26-0159651</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BLACKLIDGE, RAYMOND M ESQ.  28810 FALLING LEAVES WAY  WESLEY CHAPEL, FL 33543-5761</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	
		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.

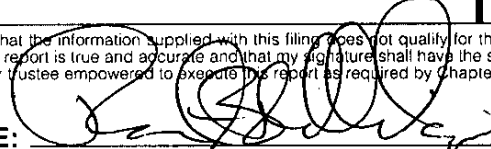
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	<b>BLACKLIDGE, RAYMOND M JD FIC  28810 FALLING LEAVES WAY  WESLEY CHAPEL, FL 335435761</b>	STREET ADDRESS	<b>700123910777  04/17/08--01013--024 **500.00</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:**       **4-17-08    727-422-9240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE