

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000711

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** BLACKLIDGE INSURANCE HOLDINGS, LLLP

**Current Principal Place of Business:**

28810 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 335435761

**New Principal Place of Business:**

7785 66TH STREET  
PINELLAS PARK, FL 33781 US

**Current Mailing Address:**

28810 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 335435761

**New Mailing Address:**

7785 66TH STREET  
PINELLAS PARK, FL 33781 US

**FEI Number:** 26-0159651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACKLIDGE, RAYMOND M ESQ.  
28810 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 335435761 US

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

BLACKLIDGE, RAYMOND M ESQ.  
7785 66TH STREET  
PINELLAS PARK, FL 33781 US

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: RAYMOND M. BLACKLIDGE

04/17/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: BLACKLIDGE, RAYMOND M JD FIC

Address: 28810 FALLING LEAVES WAY

City-St-Zip: WESLEY CHAPEL, FL 335435761

**ADDRESS CHANGES ONLY:**

Address: 7785 66TH STREET

City-St-Zip: PINELLAS PARK, FL 33781 US

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: RAYMOND M. BLACKLIDGE

GP

04/17/2009

Electronic Signature of Signing General Partner

Date