

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # A31320

1. Entity Name
THE MEED COMPANY LIMITED PARTNERSHIP



Principal Place of Business
**3589 SOUTH OCEAN BEACH BLVD., #514
PALM BEACH, FL 33480**

Mailing Address
**3589 SOUTH OCEAN BEACH BLVD., #514
PALM BEACH, FL 33480**



01032008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-6362832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAU, ERIC K.
3589 SOUTH OCEAN BEACH BLVD., #514
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

DATE _____

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

U000000775860
01/08/08-80047-004 500.00

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

| | |
|----------------|---------------------------------|
| DOCUMENT # | |
| NAME | BLAU, ERIC K. |
| STREET ADDRESS | 3589 S. OCEAN BLVD, #514 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Eric K Blau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/4/08

Date

5613088188

Daytime Phone #

STAPLE CHECK HERE