

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A31945**

1. Entity Name

BLACKBURN FUND, LTD.



2004 APR 23 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 186  
FOLKSTON GA 31537

Mailing Address

P.O. BOX 186  
FOLKSTON GA 31537

2. Principal Place of Business

P.O. Box 10517

3. Mailing Address

P.O. Box 10517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

Country Hillsborough

Zip

Country Hillsborough



MOORE

CR2E003 (11/03)

4. FEI Number

59-3048060

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, WILLIAM B  
10424 FOXHURST COURT  
ORLANDO FL 32836

3910 Horatio St.  
Tampa, FL  
33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$2,960,961.00

10. Amount of Capital Contributions  
in FLORIDA to date.

292,652.36

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 BLACKBURN, WILLIAM B  
STREET ADDRESS P.O. BOX 186  
CITY-ST-ZIP FOLKSTON GA 31537

13. ADDRESS CHANGES ONLY

STREET ADDRESS

P.O. BOX 10517

CITY-ST-ZIP

Tampa, FL 33629

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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/22/04

Date

813 872-7500

Daytime Phone #

STAPLE CHECK HERE