

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008447 AT

DOCUMENT # **A31945**



1. Entity Name  
**BLACKBURN FUND, LTD.**

**FILED**  
03 JUN 12 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6516 MILANO DRIVE  
ORLANDO FL 32816**

Mailing Address  
**6516 MILANO DRIVE  
ORLANDO FL 32816**



2. Principal Place of Business  
**P.O. BOX 186**

3. Mailing Address  
**P.O. BOX 186**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**Folkston, GA**

City & State  
**Folkston, GA**

4. FEI Number **59-3048060** Applied For  
Not Applicable

Zip **31537** Country **USA** Zip **31537** Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLACKBURN, WILLIAM B  
6516 MILANO DRIVE  
ORLANDO FL 32816**

**10124 Foxhurst Court  
Orlando, FL 32836**

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

9. Capital Contributions as Shown on record. **\$2,960,961.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,743,10.39**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>BLACKBURN, WILLIAM B</b>	STREET ADDRESS	
NAME	<b>6516 MILANO DRIVE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>P.O. BOX 186</b>		
CITY-ST-ZIP	<b>Folkston, GA 31537</b>		
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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 REQUIRED **William B Blackburn** **4/15/03** **727 500 0621**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **BLACKBURN, W.B.** Date **4/15/03** Daytime Phone # **727 500 0621**

CR2E003 (10/02)