

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 APR -9 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A95000000536**

1. Entity Name

**BOULEVARD MANAGEMENT, LTD.**



Principal Place of Business

ATTN: TROY H. MYERS, JR.  
2033 MAIN STREET, STE. 600  
SARASOTA, FL 34237

Mailing Address

ATTN: TROY H. MYERS, JR.  
2033 MAIN STREET, STE. 600  
SARASOTA, FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**65-0578909**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, TROY H JR.  
2033 MAIN STREET, STE. 600  
SARASOTA, FL 34237

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.

**\$99,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # P95000025319  
NAME BOULEVARD MANAGEMENT, INC.  
STREET ADDRESS 2033 MAIN STREET, SUITE 600  
CITY-ST-ZIP SARASOTA, FL 34237

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200033180012**  
04/20/04--01070--005 \*\*200.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200033180012**  
04/20/04--01070--006 \*\*326.25

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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 a 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

**4-8-2004**

Date

**941-953-8110**

Daytime Phone #

STAPLE CHECK HERE