

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 21 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A96000000026

1. Entity Name

GERALD F. BLAKE, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2727 South Ocean Blvd. #602

3. Mailing Address
2727 South Ocean Blvd #602

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Highland Beach, FL

City & State
Highland Beach, FL 33487

4. FEI Number
65-0651259

Applied For
Not Applicable

Zip Country
33487 US

Zip Country
33487 US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Razook, Richard J.
Street Address (P.O. Box Number is Not Acceptable)

One Southeast Third Avenue, Suite 1700

City Miami FL Zip Code 33131

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions
as Shown on record. \$1,526,055.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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 Blake, Gerald F.
STREET ADDRESS 2727 South Ocean Blvd., #602
CITY-ST-ZIP Highland Beach, FL 33487

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CITY-ST-ZIP

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IN THIS SPACE**

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: Gerald F. Blake Gerald F. Blake, GP

4/29/02

561-265-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)