


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001394		
1. Entity Name B.L.A.M. ENTERPRISES, LTD.		

Principal Place of Business 760 COQUINA WAY BOCA RATON, FL 33432	Mailing Address 760 COQUINA WAY BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01242007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0763868	Applied For Not Applicable
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5. Certificate of Status Desired	XX	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent B.L.A.M. MANAGEMENT INC. COQUINA WAY BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

U000000757182

05/23/07-800800-015 508.75

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000062543	STREET ADDRESS	
NAME	B.L.A.M. MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	760 COQUINA WAY		
CITY-ST-ZIP	BOCA RATON, FL 334064		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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 file this report as required by Chapter 620, Florida Statutes

BY: B.L.A.M. MANAGEMENT, INC., its general partner

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 8, 2007

(954) 949-3480

Date

Daytime Phone

B.L.A.M. STREET, President

STAPLE CHECK HERE