

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000002473

1. Entity Name
THE BLAIR FAMILY LIMITED PARTNERSHIP



FILED
 2004 JAN 26 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**606 BALD EAGLE DRIVE, STE. 500
 MARCO ISLAND, FL 34145**

Mailing Address
**POST OFFICE BOX ONE
 MARCO ISLAND, FL 34146**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
59-3446646

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**WOODWARD, CRAIG R ESQUIRE
 606 BALD EAGLE DR., STE. 500
 MARCO ISLAND, FL 34145**

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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1000**

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 STREET ADDRESS CITY-ST-ZIP	BLAIR, WILLIAM C 1090 SO. COLLIER BLVD., #414 MARCO ISLAND, FL 34145
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BLAIR, MAYFIELD L 1090 SO. COLLIER BLVD., #414 MARCO ISLAND, FL 34145
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300027620913 01/26/04 01091-007 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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]* **01/14/04** **239-394-7688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #