2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A96000002473

1. Entity Name
THE BLAIR FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
606 BALD EAGLE DRIVE, STE. 500 MARCO ISLAND, FL 34145	POST OFFICE BOX ONE MARCO ISLAND, FL 34146

01042005   Chg-LP   CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	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	7. Name and Address of New Registered Agent
WOODWARD, CRAIG R ESQUIRE 606 BALD EAGLE DR., STE. 500 MARCO ISLAND, FL 34145	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.	$1,000.00	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 # / NAME: BLAIR, WILLIAM C STREET ADDRESS: 1090 SO. COLLIER BLVD., #414 CITY-ST-ZIP: MARCO ISLAND, FL 34145	STREET ADDRESS / CITY-ST-ZIP
DOCUMENT # / NAME: BLAIR, MAYFIELD L STREET ADDRESS: 1090 SO. COLLIER BLVD., #414 CITY-ST-ZIP: MARCO ISLAND, FL 34145	STREET ADDRESS / CITY-ST-ZIP 000000185141 01/21/05-80002-027 141 25
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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: _Wm. McBlair - Wm O.B.Blair-Partner 1/9/05_ 239-394-7765
anytime Phone #