

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # A96000002473 1. Entity Name THE BLAIR FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 606 BALD EAGLE DRIVE, STE. 500 MARCO ISLAND, FL 34145	Mailing Address POST OFFICE BOX ONE MARCO ISLAND, FL 34146
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01032007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3446646	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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.

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

U00000589770
01/18/07-80029-010 500.00

**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	
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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STAPLE CHECK HERE

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **1/17/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone