

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002473**

1. Entity Name  
**THE BLAIR FAMILY LIMITED PARTNERSHIP**



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

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

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LP **CR2E003 (12/06)**

4. FEI Number  
**59-3446646** Applied For  
 Not Applicable

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**

**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, 2008, Fee will be \$900.00**

U00000240545  
 03/05/08-80052-004 500.00

**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	<b>BLAIR, WILLIAM C</b>
STREET ADDRESS	<b>1090 SO. COLLIER BLVD., #414</b>
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>
DOCUMENT #	
NAME	<b>BLAIR, MAYFIELD L</b>
STREET ADDRESS	<b>1090 SO. COLLIER BLVD., #414</b>
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>
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STREET ADDRESS	
CITY-ST-ZIP	

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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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/14/08** Daytime Phone # **304-7688**

STAPLE CHECK HERE