

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015489 AT

**DOCUMENT # A96000002473**



**FILED**  
03 JAN 29 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

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**

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.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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>
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000011783260</b>
CITY-ST-ZIP	<b>02/04/03--01089--030 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>M THOMAS</b>
CITY-ST-ZIP	

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:** *William C Blair* **1/20/03** **941-394-7688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)