

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000017**

1. Entity Name

BLACKMAN FAMILY LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18344 CORAL SANDS WAY
BOCA RATON FL 33496

Mailing Address
18344 CORAL SANDS WAY
BOCA RATON FL 33498-1971

2. Principal Place of Business

3. Mailing Address

19571 HAVENSWAY COURT
Suite, Apt. #, etc.

19571 HAVENSWAY COURT
Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number **65-0801473**

Applied For
 Not Applicable

Zip **33498**

Country **USA**

Zip **33498**

Country **USA**

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

WOLFE, RICHARD C ESQ.
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

Name **GAIL BLACKMAN**
Street Address (P.O. Box Number is Not Acceptable)
19571 HAVENSWAY COURT
City **BOCA RATON, FL** Zip Code **33498**

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.

SIGNATURE *Saul W. Blackman*, GENERAL PARTNER 1/12/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000.00**

11. MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	BLACKMAN, GAIL	18344 CORAL SANDS WAY	BOCA RATON FL 33496

STREET ADDRESS	CITY - ST - ZIP
19571 HAVENSWAY COURT	BOCA RATON, FL 33498
100003112361--4	-01/27/00--01019--007
	****141.25 ****141.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Saul W. Blackman* 1/12/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #