

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000017

1. Entity Name

BLACKMAN FAMILY LIMITED PARTNERSHIP

FILED

02 JAN 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19571 HAVENSWAY COURT
BOCA RATON FL 33498

Mailing Address

19571 HAVENSWAY COURT
BOCA RATON FL 33498



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0801473

Applied For

Not Applicable

Zip

Country

Zip

Country

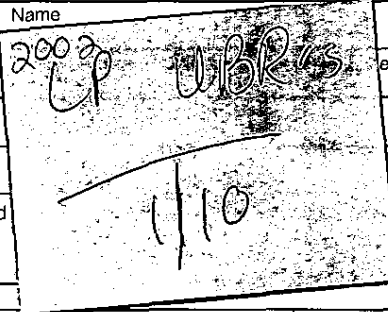
5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKMAN, GAIL
19571 HAVENSWAY COURT
BOCA RATON FL 33498**



(Acceptable)

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

of Florida.

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.

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	STREET ADDRESS	CITY-ST-ZIP
	BLACKMAN, GAIL	19571 HAVENSWAY COURT	BOCA RATON FL 33498		

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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: *Gail Blackman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)