FILED

Due By May 1, 2006					Apr 04, 2006 08:00 AM Secretary of State		
		MENT # A9900	00002024		Se	cretar	y of State
	1. Entity Nem BLAZIE E	Entity Name LAZIE ENGINEERING MASTER LIMITED PARTNERSHIP					
Principal Place of Business Mailing Address 518 S BEACH RD 518 S BEACH RD HOBE SOUND, FL 33455 HOBE SOUND, FL 33455				f demokrasi demokrasi demokrasi demokrasi	1400 FT00 4400 870	REION (TEXT MUITE (ING) EXILENCE EX (DE)	
DO NOT WRITE IN THIS SPAC				CE	02172006 No Chg. 4. FEI Number 65-0965243 5. Certilicate of Status	-tp (CH2E003 (11/05) Applied For Not Applicab Start Additional Fee Required
6. Name and Address of Current Registered Agent BLAZIE, DEANE 518 S. BEACH RD. HOBE SOUND, FL 33455				DO NOT WRITE IN THIS SPACE			
	8. The above	named entity submits this st ions of registered agent.	atement for the purpose of changing its registe	red attice ar register	ed agent, or both, in the t	State of Florida.	I am (amiliar with, and accept
	SIGNATURE -	Signature, typed or printed name of reg	distance and the Hannis-able				DATE
		F	LE NOW!!! FEE IS \$500.00 May 1, 2006, Fee will be \$900.00				2012
ŀ		A GENERAL PA	RTNER THAT IS A BUSINESS ENTITY Name MAY NOT be changed on the form	AUST BE REGIST	ERED AND ACTIVE	WITH THIS O	FFICE.
	12.		PARTNER INFORMATION	ii, air aireannair	tillage be med to bin	ange a gener	Bi partilei.
	DOGUMENT #	P05000001388			-		
1	NAME STREET ADDRESS	BLAZIE ENGINEERING 518 S BEACH RD	INC				
	CHY-ST-ZIP	HOBE SOUND, FL 334	55			1000001 1000001	0491405
	OBCHMENT #				Ł	9075176	-80020-018 500.
	NAME STREET ADDRESS		1				
	STREET ADDRESS CITY-ST-ZIP		i				
	DOCUMENT #						
	NAME STOTET ADDOCES		1		חם אסי	- 1875×	TC
	STREET ADDRESS City-ST-71P		1		DO NOT	MAL	<i>!</i> 二
	DOCUMENT &				IN THIS	SPAC	E
	NAME		1				
	STREET ADDRESS CITY-ST-ZIP						
	DOCUMENT #						
	NAME		i				
	STREET ADDRESS						
_	CITY-ST-ZIP						
	OGCUMENT €		l l				

14. I hereby certify that the information supplied with this liling 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

3 - 3(-06) U10 336 096

SIGNATURE: \neq

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

3-31-06 410 336 0912