	2001	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR
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	1 UNIFORM BUS		)RT	(UBR)		ne roe y day francisco	•	æ	
DQCUMENT # A9900002213					FILED				
BLANDING CROSSINGS ASSOCIATES LTD.					OI MAY - 1 PM 5: 25				
Principal Place of Business  C/O THE GOODMAN COMPANY  777 S. FLAGLER DR. #1101E  WEST PALM BEACH FL 33401  Malling Address  C/O THE GOODMAN COMP  777 S. FLAGLER DR. #1101E  WEST PALM BEACH FL 33401  WEST PALM BEACH FL 33401			1 <b>01 E</b>			CRETARY OF STAT		I I <b>Caa</b> Prii 1 <b>00</b> 7	
Principal Place of Business     3. Mailing Address			<del></del>	·	- IIIIIIII				
Suite, Apt. #, etc. Suite, Apt. #, etc.				5/1	DO NOT WRITE IN THIS	SPACE	MJH		
City & Sta	ite	City & State	City & State		4. FEI Number	65-0998333	_ <del> </del>	oplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 Add Fee Require	litional d	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Registered A	\gent	***************************************	
1	ter, william a Goodman Company			Street Address (	P.O. Box Number i	s Not Acceptable)			
	TH FLAGLER DRIVE, SUITE 1104			•					
WEST PALM BEACH FL 33401				City		FL	Zip Code	<del>)</del>	
8. The above	e named entity submits this statement for	r the purpose of changing its	register	ed office or register	ed agent, or both,	in the State of Florida.	•		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT:	Registere	d Agent signature required	when reinstating)	DATE			
9. Capital Co	on record. \$298,479.00	10. Amount of Capit in FLORIDA to d		\$1,150	776	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR			
	A GENERAL PARTNER T NOTE: General Partners MA								
12. GENERAL PARTNER INFORMATION  DOCUMENT / L99000009195						ADDRESS CHANGES ONL	Υ		
NAME STREET ADDRESS	BLANDING CROSSINGS LLC 777 S. FLAGLER DR., #1101E			-ST-ZIP		·		03 (11/00)	
CITY-ST-ZIP  DOCUMENT #  NAME	WEST PALM BEACH FL 33401		STRE	ET AODRESS	80	<del>10004215</del> -05/14/0101	<del>718</del> 1210:	2 2 17 17 17 17 17 17 17 17 17 17 17 17 17	
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DOCUMENT # NAME			STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			<u> </u>	ST-ZIP					
indicated the receiv	ertify that the information supplied with on this report is true and accurate and t er or trustee empowered to execute this	hat pry signature shall have t report as required by Chapt-	ne same r 620. F	legal effect as if mi Torida Statutes	ade under oath; the	at I am a General Partner of the	he limițed pa	ormation irtnership or	
SIGNATI	URE:	meral partner, WELNEOUSA	by G	Goodman Pro	perties, I <b>ケ</b> み3	<b></b>			
	Wiffiam A. Snev	RINTED NAME OF SIGNING GENERAL VICE Pre	SICE	nt		Date Day	ime Phone #		