

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # B02000000375**

1. Entity Name  
**BOULEVARD PROPERTIES, L.P.**



Principal Place of Business  
**3885 S. DECATUR, SUITE 2010  
 LAS VEGAS, NV 89103**

Mailing Address  
**C/O KENOM MANAGEMENT, INC.  
 P.O. BOX 8125  
 MEDEIRA BEACH, FL 33738**

2007 SEP 20 PM 1:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
**3225 McLeod Dr.**

3. Mailing Address

Suite, Apt. #, etc.  
**100**

Suite, Apt. #, etc.

07032007 Chg-LP CR2E003 (12/06)

City & State  
**Las Vegas, NV**

City & State

4. FEI Number  
**88-0442327**

Applied For  
 Not Applicable

Zip  
**89121**

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

**HUNT, KATHY LUCILLE  
 FOUR 163RD AVE E  
 REDINGTON BEACH, FL 33708**

Name **Hunt, K. Lucille (RA chg. filed 7/13/07)**  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and date if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
 Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 **REDMOND, GREGORY M**  
 STREET ADDRESS **501 BOYLSTON STREET**  
 CITY-ST-ZIP **BOSTON, MA 02116**

STREET ADDRESS  
 CITY-ST-ZIP **300109874173  
 09/25/07--01014--009 \*\*\$500.00**

DOCUMENT #  
 NAME **JACKSON, MEGHAN M**  
 STREET ADDRESS **1020 FLOERENGE LANE**  
 CITY-ST-ZIP **MENLO PARK, CA 94026**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME **LYNCH, ERIKA M**  
 STREET ADDRESS **P.O. BOX 8125**  
 CITY-ST-ZIP **MADEIRA BEACH, FL 33738**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME **LYNCH, MICHAEL**  
 STREET ADDRESS **P.O. BOX 8125**  
 CITY-ST-ZIP **MADEIRA BEACH, FL 33738**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT # **F49000004836**  
 NAME **Kenom Management, Inc.**  
 STREET ADDRESS **P.O. Box 8125**  
 CITY-ST-ZIP **Medeira Beach, FL 33738**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9-9-07**

Date

Daytime Phone #

STAPLE CHECK HERE