


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 30, 2007 08:00 A  
Secretary of State**

<b>DOCUMENT # A0000000791</b> 1. Entity Name BLACKACRE PARTNERS, LTD.	
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Principal Place of Business 1700 N.W. 66 AVE, #102 PLANTATION, FL 33313	Mailing Address 1700 N.W. 66 AVE, #102 PLANTATION, FL 33313
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1001708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MURPHY, WILLIAM M.  
1700 N.W. 66 AVE, #102  
PLANTATION, FL 33313

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT #	P95000008888
NAME	BLACKPOOL ASSOCIATES, INC.
STREET ADDRESS	1700 N.W. 66 AVE, #102
CITY-ST-ZIP	PLANTATION, FL 33313
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000748089  
05/17/07-80051-010 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:** William M. Murphy **William M. Murphy** 4/2/07 954-746-2221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #