

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001321					
1. Entity Name BLACKWOOD PARTNERS, LTD.					
Principal Place of Business 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351			Mailing Address 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-1032326	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351				Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record, \$100,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P95000008888		STREET ADDRESS		
NAME	BLACKPOOL ASSOCIATES, INC.		CITY - ST - ZIP		
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, STE. D-103		STREET ADDRESS		
CITY - ST - ZIP	LAUDERHILL, FL 33351		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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)(f), 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: <i>Wid</i> <i>Alm</i>			4/26/05 954-746-2221		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE