

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A00000001321

1. Entity Name  
BLACKWOOD PARTNERS, LTD.



Principal Place of Business  
1700 N.W. 66 AVE., #102  
PLANTATION, FL 33312

Mailing Address  
1700 N.W. 66 AVE., #102  
PLANTATION, FL 33312



01212008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number  
65-1032326

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

MURPHY, WILLIAM M  
1700 N.W. 66 AVE., #102  
PLANTATION, FL 33312

**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

Signature, typed or printed name of registered agent and title if applicable.

U000000925307

05/20/08-2008-005 \$500.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 33312

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/6/08 (954) 746-2221

STAPLE CHECK HERE