
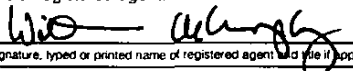
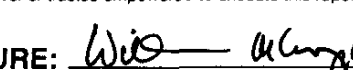


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A00000001886				FILED 06 MAY -1 PM 1:31 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Entity Name BLACKPOINTE 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 1700 NW 66 Ave Suite, Apt. #, etc. #102 City & State Plantation, FL Zip 33313 Country USA		3. Mailing Address 1700 NW 66 Ave Suite, Apt. #, etc. #102 City & State Plantation, FL Zip 33313 Country USA		04042006 Chg-LP CR2E003 (11/05)	
4. FEI Number 65-1062116		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name William M. Murphy Street Address (P.O. Box Number is Not Acceptable) 1700 NW 66 Ave #102 City Plantation FL Zip Code 33313		
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  William M. Murphy DATE 4/4/06 <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000008888 BLACKPOOL ASSOCIATES, INC. 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351		STREET ADDRESS CITY-ST-ZIP	1700 NW 66 Ave #102 Plantation, FL 33313	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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 DATE 4/4/06 (954) 746-2221 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					