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

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A06000001072 08 JUN 12 PM 1: 12 BLACKWATER ASSOCIATES, LTD. Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY, SUITE 306 1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 CR2E003 (12/06) Cha-LP 4. EEI Number City & State City & State Applied For APPLIED FOR Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL B. KIRSCHNER, P. A. :reet Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY, SUITE 314 **BOCA RATON, FLORIDA 33432** Zip Code 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 8. The above named entity subm the obligations of registers Signature, typed or printed name of registered agent and title if applicable. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS BLACKWATER ASSOCIATES, LLC NAME <del>69913110592</del>6 1515 NORTH FEDERAL HIGHWAY, SUITE 306 STREET ADDRESS 08/10/08--01030--002 \*\*500.00 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 trustness ampowered to execute this report as required by Chapter 620, Florida Statutes me SIGNATURE: Mark A. Gensheimer

NTED NAME OF SIGNING GENERAL PARTNER

Manager

Blackwater Associates, LLC

Date

FILED