

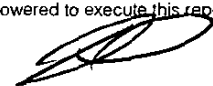


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A21241				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name ADMIRAL'S COVE ASSOCIATES, LTD.		05 JUN -1 AM 9:18			
Principal Place of Business 200 ADMIRALS COVE BLVD. JUPITER FL 33477		Mailing Address 200 ADMIRALS COVE BLVD. JUPITER FL 33477			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2606096	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYMAN, SHERRY L. 200N ADMIRALS COVE BLVD. JUPITER FL 33477				7. Name and Address of New Registered Agent	
				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 _____					
9. Capital Contributions as Shown on record. \$47,500.00					
10. Amount of Capital Contributions in FLORIDA to date.					
11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.					
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 #	A98000000374		STREET ADDRESS		
NAME	B.L.W. ENTERPRISES, LTD.		CITY-ST-ZIP		
STREET ADDRESS	200 ADMIRAL COVE BLVD.				
CITY-ST-ZIP	JUPITER FL 33477				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date					
Daytime Phone #					

STAPLE CHECK HERE