LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

DOCUMENT # A21241 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS	
ADMIRAL'S COVE ASSOCIATES, LTD.					06 APR 24 AM 10: 55	
	/D	A4 27 A 1 1	- 00 w	1822	AM 10: 55	
Principal Plac		Mailing Address	31.VD			
200 ADMIRALS COVE BLVD. 200 ADMIRALS COVE JUPITER FL 33477 JUPITER FL 33477		SLVU.		. Prices in an ann ann ann ann ann ann ann ann a		
		•				
Principal Place of Business 3. Mailing Address			P	(
		3801 FGA Suite, Apt. #, etc.	A BLVD.		40	
SUITE 107		SUITE 107			1st MOORE	
City & Stat	EACH GARDENS FL	City & State PALM BEACH	GARDENS,	<i>F</i> -L	4. FEI Number S9-2606096 Applied For Not Applicable	
Zip	Country	Zip	Country		5 Certificate of Status Desired \$8.75 Additional	
33410	6. Name and Address of Current I	33 4 10 Registered Agent	USAC		7. Name and Address of New Registered Agent	
Name						
HYMAN, SHERRY L. Street Address					(P.O. Box Number is Not Acceptable)	
200N ADMIRALS COVE BLVD. JUPITER FL 33477				3801 PGA BLVD.		
SUITE 107						
			City PALM	BE	FACH CARDENS FL 33410	
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 tille if applicable. DATE						
FILE NO)W!!! Fee is \$500. *** After	May 1, 2006, fee will	l be \$900. **	* Mal	ke check payable to Florida Department of State.	
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	A9800000374 B.L.W. ENTERPRISES, LTD.		STREET ADDRESS	380	DI POURIND - SWITE INT	
STREET ADDRESS	200 ADMIRAL COVE BLVD.		CITY CT 710		THE DEVE SOUTH TOTAL	
CITY-ST-ZIP	JUPITER FL 33477		CITY-ST-ZIP	PA	PEACH GARDENS FL 33410	
OOCUMENT / NAME			STREET ADDRESS		,	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT /			STREET ADDRESS			
NAME STREET ADDRESS					800074754708 05/17/0601017011 **\$00,00	
CITY-ST-ZIP			CITY-ST-ZIP		05/17/0601017011 **500.00	
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY - ST - ZIP			
DOCUMENT #			STREET ADDRESS			
NAME STREET ADDRESS			CITY CT 7/D			
CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			
indicated	certify that the information supplied with don this report is true and accurate and server or trustee empowered to execute	that my signature shall have	the same legal effe	ect as if	ed in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership.	

4-13-06 56-144-1033 Date Daytime Phone #