


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

DOCUMENT # <b>A21241</b>		
1. Entity Name <b>ADMIRAL'S COVE ASSOCIATES, LTD.</b>		
Principal Place of Business <b>3801 PGA BLVD SUITE 107 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>3801 PGA BLVD SUITE 107 PALM BEACH GARDENS FL 33410</b>	

**FILED**

2007 APR 30 AM 10:53



2. Principal Place Suite, Apt. #, or <b>3535 Military Trail Suite 101</b>	3. Mailing Address <b>3535 Military Trail Suite 101</b>
City & State <b>Jupiter, FL 33458</b>	<b>Jupiter, FL 33458</b>
Zip	

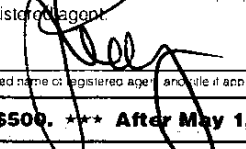
1st MOORE CR2E003 (10/06)

4. FEI Number <b>59-2606096</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HYMAN, SHERRY L ESQUIRE 3801 PGA BLVD SUITE 107 PALM BEACH GARDENS FL 33410</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address	<b>3535 Military Trail Suite 101</b>
City	<b>Jupiter, FL 33458</b>
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 **4/19/07**

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900.\*\*\* Make 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.	
DOCUMENT #	<b>A98000000374</b>	STREET ADDRESS	<b>3535 Military Trail</b>
NAME	<b>B.L.W. ENTERPRISES, LTD.</b>	CITY - ST - ZIP	<b>Suite 101 Jupiter, FL 33458</b>
STREET ADDRESS	<b>3801 PGA BLVD SUITE 107</b>		
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33410</b>		
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP			

**100101242371  
05/02/07--01054--002 \*\*\$500.00**

STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Thomas Frankel 1-31-07**

Date

Daytime Phone #