

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # A21241			
1. Entity Name ADMIRAL'S COVE ASSOCIATES, LTD.			
Principal Place of Business 3535 MILITARY TRAIL SUITE 101 JUPITER FL 33458		Mailing Address 3535 MILITARY TRAIL SUITE 101 JUPITER FL 33458	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HYMAN, SHERRY L ESQUIRE 3535 MILITARY TRAIL SUITE 101 JUPITER FL 33458		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 _____			
FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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. ADDRESS CHANGES ONLY	
DOCUMENT #	A98000000374	STREET ADDRESS	
NAME	B.L.W. ENTERPRISES, LTD.	CITY-ST-ZIP	
STREET ADDRESS	3535 MILITARY TRAIL, SUITE 101		
CITY-ST-ZIP	JUPITER FL 33458		
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CITY-ST-ZIP			



1st MOORE CR2E003 (10/07)

4. FEI Number 59-2606096 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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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 62C, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-25-08 561-744-1033

Date

Office Phone #

STAPLE CHECK HERE