

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A28700

1. Entity Name  
BLACKJACK AUTO SALVAGE, LIMITED



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 AM 9:46

Principal Place of Business  
4016 39TH AVE. NO.  
ST. PETERSBURG, FL 33703

Mailing Address  
P.O. BOX 1954  
ST. PETERSBURG, FL 33731

2. Principal Place of Business  
721 FIRST AVE. NORTH  
Suite, Apt. #, etc.

3. Mailing Address  
721 FIRST AVE. NORTH  
Suite, Apt. #, etc.

City & State  
ST. PETERSBURG, FL

City & State  
ST. PETERSBURG, FL

Zip Country  
33701 USA

Zip Country  
33701 USA

02142005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2969596

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, H. JAMES  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name  
LEONARD S. ENGLANDER

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

DATE

9. Capital Contributions  
as Shown on record. \$108,472.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # V52156  
NAME AUTOWORTH, INC.  
STREET ADDRESS 721 FIRST AVE. N.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

X 3-4-05 727-898-7210

Date Daytime Phone #

STATE OF FLORIDA