

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001008					
1. Entity Name BLACKWATER PARTNERS, LTD.					
Principal Place of Business 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351			Mailing Address 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04222005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0645049				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGER, JAMES L ESQUIRE 350 EAST LAS OLAS BLVD., STE 1000 FT. LAUDERDALE, FL 33301			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$396,000.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P85000008888		STREET ADDRESS		
NAME	BLACKPOOL ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, STE. D-103		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <i>[Signature]</i>			4/26/05 984-746-2221		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE