

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

MAY -1 PM 1:32

MAY -1 PM 1:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA
TALLAHASSEE FLORIDA



04042006 Chg-LP CR2E003 (11/05)

DOCUMENT # A95000001008
 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 1700 NW 66 AVE		3. Mailing Address 1700 NW 66 AVE	
Suite, Apt. #, etc. # 102		Suite, Apt. #, etc. # 102	
City & State Plantation FL		City & State Plantation FL	
Zip 33313	Country USA	Zip 33313	Country USA

4. FEI Number 65-0645049	Applied For <input type="checkbox"/> 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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 STREET ADDRESS CITY - ST - ZIP	P95000008888 BLACKPOOL ASSOCIATES, INC. 4300 NORTH UNIVERSITY DRIVE, STE. D-103 LAUDERHILL, FL 33351	STREET ADDRESS CITY - ST - ZIP	1700 NW 66 AVE #102 Plantation, FL 33313
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000074668320 05/16/06--01026--012 **500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

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: *William Murphy* **William Murphy** 4/4/06 746-2221 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #