
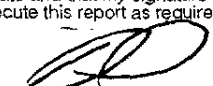


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000374 1. Entity Name B.L.W. ENTERPRISES, LIMITED					
Principal Place of Business 200 ADMIRALS COVE BLVD. JUPITER FL 33477			Mailing Address 200 ADMIRALS COVE BLVD. JUPITER FL 33477		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2717998 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FRANKEL, BENJAMIN 200 ADMIRALS COVE BLVD. JUPITER FL 33477	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00		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 #	H82703		STREET ADDRESS		
NAME	ADMIRALS COVE, INC.		CITY-ST-ZIP		
STREET ADDRESS	200 ADMIRALS COVE BLVD.				
CITY-ST-ZIP	JUPITER FL 33477				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			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)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			Date 4-5-05 561-744-1033 <small>Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER BENJAMIN FRANKEL, SECRETARY, ADMIRALS COVE, INC.					



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

U000000366012
05/11/05-80026-007 141.25

STAPLE CHECK HERE