

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A98000000374		
1. Entity Name B.L.W. ENTERPRISES, LIMITED		

Principal Place of Business 3801 PGA BLVD., SUITE 107 PALM BEACH GARDENS, FL 33410	Mailing Address 3801 PGA BLVD., SUITE 107 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business - No P.O. Box # 3535 MILITARY TRAIL Suite, Apt. #, etc. SUITE 101 City & State JUPITER FL Zip 33458 Country USA	3. Mailing Address 3535 MILITARY TRAIL Suite, Apt. #, etc. SUITE 101 City & State JUPITER FL Zip 33458 Country USA
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03042008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2717998	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRANKEL, BENJAMIN 3801 PGA BLVD., SUITE 107 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3635 MILITARY TRAIL SUITE 101 City JUPITER FL Zip Code 33458
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	H82703 ADMIRALS COVE, INC. 3801 PGA BLVD., SUITE 107 PALM BEACH GARDENS, FL 33410	STREET ADDRESS CITY-ST-ZIP	3535 MILITARY TRAIL, SUE. 101 JUPITER, FL 33458
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400123071184
 04/11/08-01048-004 **500.00

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: *Ry - 7 hnd* 3-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE