2002	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

1. Entity Name  BLACKCOVE PARTNERS, LTD.					FILED					
					, UZT	MAY - 1 PH 1:11				
_			rth University	University drive. Suite D-103			NETARY OF STATE AHASSEE FLORID	A MJ	H	
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc. Suite			Suite, A	Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State		City & State			4. FEI Number	65-0823390	Applied Not App			
Zip		Country	Zip	Zip Country		try	5. Certificate of	of Status Desired	\$8.75 Additiona	
	6. Name	and Address of Current	Registered A	gent		Nome	7. Name and	Address of New Registered	Agent	
BERGER, JAMES L ESQUIRE 350 EAST LAS OLAS BLVD., STE. 1000				Name Street Address	(P.O. Box Number	r is Not Acceptable)				
FORT LAI	<b>JDERDALE</b>	FL 33301		•						
						City		Fi	Zip Code	
8. The above	named entit	y submits this statement for	the purpose	of changing its	registere	ed office or registe	ered agent, or both	, in the State of Florida.	<b>_</b>	
		or printed name of registered agent a		· · · · · · · · · · · · · · · · · · ·		:		DATE	<del>.</del>	_
9. Capital Contributions as Shown on record.  9. Capital Contributions in FLORIDA to date				ite.			11. MAKE CHECK PAYABI SEE REVERSE SIDE F	OR FEE INFORMATI		
	A G NOTE:	SENERAL PARTNER T General Partners MA	HAT IS A BI Y NOT be c	USINESS EN hanged on th	TITY M se form	UST BE REGIS ; an amendme	TERED AND A nt must be filed	CTIVE WITH THIS OFFICE to change a general pa	E. Irtner.	
12.		GENERAL PARTNER			13.			ADDRESS CHANGES ON		$\Box$ _
DOCUMENT # NAME	P95000008888 BLACKPOOL ASSOCIATES, INC. 4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL FL 33351			STRE	ET ADDRESS				10/6)	
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP				CR2E003 (9/01)	
DOCUMENT # NAME					STRE	ET ADDRESS				75
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP	0	00005509 -05/13/020	01041006	9
DOCUMENT # NAME					STRE	ET ADDRESS		****141.25	·****141.2	:5
STREET ADDRESS C/TY-ST-ZIP					CITY-	ST-ZIP	•			
DOCUMENT # NAME					STREI	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP	•	***		
DOCUMENT # NAME					STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP			****	
DOCUMENT :					STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP						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: Date Description of Signature and Typed or Printed Name of Signature And Typed Or Pri										