


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000488</b>					
1. Entity Name <b>BLACKCOVE PARTNERS, LTD.</b>					
Principal Place of Business <b>4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351</b>			Mailing Address <b>4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0823390</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BERGER, JAMES L ESQUIRE 350 EAST LAS OLAS BLVD., STE. 1000 FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 <b>\$0.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000008888		STREET ADDRESS		
NAME	BLACKPOOL ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, SUITE D-103				
CITY-ST-ZIP	LAUDERHILL, FL 33351				
DOCUMENT #			STREET ADDRESS	000000158345	
NAME			CITY-ST-ZIP	05/07/04-80018-003 141.25	
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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>William M. Murphy</i>			Date: <i>4/28/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone: <i>(954) 746-2021</i>		