2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 MAY -1 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A98000000488

1. Entity Name
BLACKCOVE PARTNERS, LTD.

Principal Place of Business	Mailing Address
4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351	4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351

04042006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
1700 NW 66 AVE	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: 65-0823390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGER, JAMES L ESQUIRE 350 EAST LAS OLAS BLVD., STE. 1000 FORT LAUDERDALE, FL 33301	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
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 #	P95000008888	STREET ADDRESS	1700 NW 66 AVE # 102
NAME	BLACKPOOL ASSOCIATES, INC.	CITY-ST-ZIP	Plantation, FL 33313
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, SUITE D-103		
CITY-ST-ZIP	LAUDERHILL, FL 33351		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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 M. Murphy 4/4/06 954 7462007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #