

2002 UNIFORM BUSINESS REPORT (UBR)

0011531 AT

DOCUMENT # A99000000506

1. Entity Name

BLACKTHORN PARTNERS, LTD.

FILED
02 MAY -1 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MM



Principal Place of Business

4300 NORTH UNIVERSITY DRIVE, SUITE D-103
LAUDERHILL FL 33351

Mailing Address

4300 NORTH UNIVERSITY DRIVE, SUITE D-103
LAUDERHILL FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0905270

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURPHY, WILLIAM M.

4300 NORTH UNIVERSITY DRIVE, SUITE D-103
LAUDERHILL FL 33351

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME BLACKPOOL ASSOCIATES, INC.
STREET ADDRESS 4300 NORTH UNIVERSITY DRIVE, SUITE D-103
CITY-ST-ZIP LAUDERHILL FL 33351

STREET ADDRESS
CITY-ST-ZIP 800005507058--7
-05/13/02--01086--020
****263.75 ****263.75

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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:

William M. Murphy
SIGNATURE REQUIRED

4/19/02 (954) 746 2221

Date

Daytime Phone #

CR2E003 (9/01)