

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A99000000506**

1. Entity Name  
**BLACKTHORN PARTNERS, LTD.**



**FILED**  
 MAY -1 2006  
 06 MAY -1 PM 1:31  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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  
**1700 NW 66 AVE**  
 Suite, Apt. #, etc.  
**#102**

3. Mailing Address  
**1700 NW 66 AVE**  
 Suite, Apt. #, etc.  
**#102**

04042006 Chg-LP CR2E003 (11/05)

City & State  
**Plantation, FL**

City & State  
**Plantation, FL**

Zip  
**33313** Country  
**USA**

Zip  
**33313** Country  
**USA**

4. FEI Number  
**65-0905270**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURPHY, WILLIAM M**  
 4300 NORTH UNIVERSITY DRIVE, SUITE D-103  
 LAUDERHILL, FL 33351

7. Name and Address of New Registered Agent

Name  
**William M. Murphy**

Street Address (P.O. Box Number is Not Acceptable)  
**1700 NW 66 AVE**  
**#102**

City  
**Plantation** FL Zip Code  
**33313**

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 *William M. Murphy* **William M. Murphy, Pres.** DATE **4/4/06**

**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

DOCUMENT #	P95000008888
NAME	BLACKPOOL ASSOCIATES, INC.
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, SUITE D-103
CITY-ST-ZIP	LAUDERHILL, FL 33351
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>1700 NW 66 AVE #102</b>
CITY-ST-ZIP	<b>Plantation FL 33313</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000074668810</b>
CITY-ST-ZIP	<b>05/16/06--01026--017 **500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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* **William M. Murphy** DATE **4/4/06** DAYTIME PHONE # **954 746-2221**