

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # A99000000506

1. Entity Name
BLACKTHORN PARTNERS, LTD.



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

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



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
Zip
33313 Country
USA

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Plantation, FL
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. 4/4/06
Signature, typed or printed name of registered agent and title, if applicable. DATE

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 #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1700 NW 66 Ave #102
CITY-ST-ZIP Plantation FL 33313

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

000074668810
05/16/06--01026--017 **500.00

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 4/4/06 746-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE