


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000000507 1. Entity Name BLACKBUSH 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
--	--

2. Principal Place of Business 1700 NW 66 AVE Suite, Apt. #, etc. # 102 City & State Plantation, FL Zip 33313 Country USA	3. Mailing Address 1700 NW 66 AVE Suite, Apt. #, etc. # 102 City & State Plantation, FL Zip 33313 Country USA
--	--

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



04042006 Chg-LP CR2E003 (11/05)

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 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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP P95000008888 BLACKPOOL ASSOCIATES, INC. 4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351	STREET ADDRESS CITY - ST - ZIP 1700 NW 66 AVE #102 Plantation, FL 33313
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP 	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP 	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP 	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP 	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP 	STREET ADDRESS CITY - ST - ZIP

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 DATE 4/4/06 DAYTIME PHONE # (954) 746-2221

STAPLE CHECK HERE