
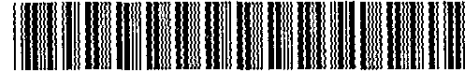


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000160</b>			
1. Entity Name <b>BLACKHAWK ARMENIA L.P.</b>			
Principal Place of Business <b>100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602</b>		Mailing Address <b>100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>36-4369506</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RICHMAN, MARC</b> <b>5037 WESLEY DR</b> <b>TAMPA FL 33647</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$1,100.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,100.00</b>	

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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 #	<b>F00000002803</b>	STREET ADDRESS	
NAME	<b>BLACKHAWK ARMENIA, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>100 NORTH LASALLE STREET, SUITE 910</b>		
CITY-ST-ZIP	<b>CHICAGO IL 60602</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**000000336313**  
**04/27/05-80121-010 141.25**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**Blackhawk Armenia, Inc.**

**SIGNATURE:**



**Gary S. Richman, Pres. 4/14/05**

**(312)580-9090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #