


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

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

<b>DOCUMENT # B02000000221</b>		
1. Entity Name <b>CCV ASSOCIATES, L.P.</b>		

Principal Place of Business <b>100 NORTH LASALLE ST., STE. 910 CHICAGO IL 60602</b>	Mailing Address <b>100 NORTH LASALLE ST., STE. 910 CHICAGO IL 60602</b>
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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)

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	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record.	<b>\$1,800,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>\$1,800,000.00</b>
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**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>B02000000219</b>	STREET ADDRESS	
NAME	<b>BLACKHAWK CCVA, L.P.</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>100 NORTH LASALLE ST., STE. 910</b>		
CITY- ST- ZIP	<b>CHICAGO IL 60602</b>		
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CITY- ST- ZIP			

**U00000336046**  
**04/27/05-80108-025 526.25**

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)(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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**Blackhawk CCVA, L.P.**

**SIGNATURE:**  **Gary S. Richman, Pres. 4/14/05 (312) 580-9090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #