


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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A02000000315</b>                        |  |
| 1. Entity Name<br><b>BLOUNT REALTY PARTNERS, LTD.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1501 VENERA AVENUE, SUITE 217<br/>CORAL GABLES FL 33146</b> | Mailing Address<br><b>1501 VENERA AVENUE, SUITE 217<br/>CORAL GABLES FL 33146</b> |
|---|---|



1ST MOORE CR2E003 (10/04)

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>41-2043914</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><b>BLOUNT, DAVID N JR.<br/>1501 VENERA AVENUE, SUITE 217<br/>CORAL GABLES FL 33146</b> |
|---|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| 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

9. Capital Contributions as Shown on record **\$900,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **900,000**

**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 |                                       |
|---------------------------------|---------------------------------------|
| DOCUMENT #                      | <b>P02000021939</b>                   |
| NAME                            | <b>BLOUNT REALTY MANAGEMENT, INC.</b> |
| STREET ADDRESS                  | <b>1501 VENERA AVENUE, SUITE 217</b>  |
| CITY-ST-ZIP                     | <b>CORAL GABLES FL 33146</b>          |
| 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           |  |
| CITY-ST-ZIP              |  |
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| CITY-ST-ZIP              |  |

**U000000314264**  
**04/18/05-80158-021 526.25**

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

**SIGNATURE:** *David N Blount Jr.* **DAVID N BLOUNT JR** **4/25/05 3056677058**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE