


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000565 1. Entity Name BLITCHTON STATION, LTD.	
--	---

FILED

08 APR 14 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 11635 NW FIRST AVENUE GAINESVILLE, FL 32607 US	Mailing Address 11635 NW FIRST AVENUE GAINESVILLE, FL 32607 US
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012008 Chg-LP CR2E003 (12/06)

4. FEI Number 43-1988518	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
CURTIS, JOHN M 11635 NW FIRST AVENUE GAINESVILLE, FL 32607	

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	672870	STREET ADDRESS	
NAME	MAINT-CO SERVICES, INC.	CITY- ST- ZIP	
STREET ADDRESS	11635 NW FIRST AVENUE		
CITY- ST- ZIP	GAINESVILLE, FL 32607		
DOCUMENT #	N94000003537	STREET ADDRESS	
NAME	GREATER OCALA COMMUNITY DEVELOPMENT CORPOR	CITY- ST- ZIP	
STREET ADDRESS	P.O. BOX 5582		
CITY- ST- ZIP	OCALA, FL 34478		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

900123593389
 04/16/08--01006--001 **508.75

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

Maint-Co Services, Inc., General Partner

SIGNATURE: _____ **By: John M. Curtis, President 4/1/2008 352-332-0888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE