

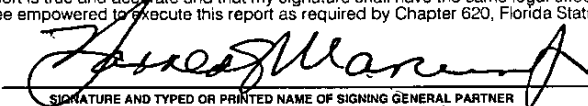


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
 05 APR 29 AM 7:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000000306 1. Entity Name BLOUNT STREET LIMITED					
Principal Place of Business 5603 CHUMUCKLA HIGHWAY PACE, FL 32571			Mailing Address PO BOX 3622 MILTON, FL 32572		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04272005 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" 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 MARCUS, HAROLD E JR. 5603 CHUMUCKLA HIGHWAY PACE, FL 32571			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P04000029108		STREET ADDRESS		
NAME	BLOUNT STREET MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	PO BOX 3622				
CITY-ST-ZIP	MILTON, FL 32572				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			4/27/05		850/623-1202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE