


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000306 1. Entity Name BLOUNT STREET LIMITED	
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1st MOORE CR2E003 (10/05)

Principal Place of Business 5603 CHUMUCKLA HIGHWAY PACE FL 32571	Mailing Address PO BOX 3622 MILTON FL 32572
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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

4. FEI Number AP-PLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PO4000029108	STREET ADDRESS	1100000425809
NAME	BLOUNT STREET MANAGEMENT, INC.	CITY-ST-ZIP	02/20/05-80018-007 500.00
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 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

SIGNATURE: *Harold E. Marcus Jr.* 01/30/06 858/623-120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PRESIDENT, BLOUNT ST MGMT INC GENERAL PARTNER