


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A04000000306</b> 1. Entity Name BLOUNT STREET LIMITED	
---	---

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

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0666311	Applied For 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  MARCUS, HAROLD E JR. 5603 CHUMUCKLA HIGHWAY PACE, FL 32571	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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 *Harold E. Jr.* DATE 2-11-08  
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**

000000847404  
03/19/08-80018-016 500.00

**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	
DOCUMENT #	P04000029108
NAME	BLOUNT STREET MANAGEMENT, INC.
STREET ADDRESS	PO BOX 3622
CITY-ST-ZIP	MILTON, FL 32572
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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. Jr.* Date 2-11-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE