

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000007555 1. Entity Name SKINNY DIP PROPERTIES, LLC	
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Principal Place of Business 94 NORTH MAIN STREET BLAKELY, GA 39823	Mailing Address 94 NORTH MAIN STREET BLAKELY, GA 39823
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04212008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2173603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BONDURANT, FRANK E  
 4450 LAFAYETTE STREET  
 MARIANNA, FL 32446

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000927230  
 05/20/08-80098-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, WILLIAM T 94 NORTH MAIN STREET BLAKELY, GA 39823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOBBS, HOLLY H 94 NORTH MAIN STREET BLAKELY, GA 39823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, WILLIAM F 94 NORTH MAIN STREET BLAKELY, GA 39823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, THERESA K 94 NORTH MAIN STREET BLAKELY, GA 39823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Holley H. Hobbs Holley H. Hobbs 4/25/08 229-724-7186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #