


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

<b>DOCUMENT # A07000001044</b> 1. Entity Name <b>BLANTON BAY PINES, LTD.</b>	
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Principal Place of Business <b>10335 GULF BEACH HIGHWAY, UNIT 808</b> <b>PENSACOLA, FL 32507</b>	Mailing Address <b>P.O. BOX 3256</b> <b>PENSACOLA, FL 32516</b>
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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

01132008 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>BLANTON, MICHAEL A</b> <b>10335 GULF BEACH HIGHWAY, UNIT 808</b> <b>PENSACOLA, FL 32507</b>
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<b>7. Name and Address of New Registered Agent</b>	
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 #	L07000080145	STREET ADDRESS	
NAME	BLANTON MANAGEMENT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	10335 GULF BEACH HIGHWAY, UNIT 808		
CITY-ST-ZIP	PENSACOLA, FL 32507		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

000116322960  
 01/29/08--01013--008 \*\*500.00

STAPLE CHECK HERE

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:** Michael A. Blanton 1/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**  
**08 JAN 30 PM 4:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

