

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

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

DOCUMENT # A07000001044				
1. Entity Name BLANTON BAY PINES, LTD.				
Principal Place of Business 10335 GULF BEACH HIGHWAY, UNIT 808 PENSACOLA, FL 32507		Mailing Address P.O. BOX 3256 PENSACOLA, FL 32516		
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	Country	4. FEI Number: 01132008 Chg-LP CR2E003 (12/06) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
BLANTON, MICHAEL A 10335 GULF BEACH HIGHWAY, UNIT 808 PENSACOLA, FL 32507		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 _____
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	000116322960	
NAME		CITY-ST-ZIP	01/29/08--01013--008 **500.00	
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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: <i>Michael A. Blanton</i>		Date: <i>1/14/08</i>		Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				

STAPLE CHECK HERE