


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

FILED
08 APR 14 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A08160
1. Entity Name
ST. MARY'S RIVER BLUFFS, LTD.



Principal Place of Business
11635 NW 1ST AVENUE
GAINESVILLE, FL 32607

Mailing Address
11635 NW 1ST AVENUE
GAINESVILLE, FL 32607

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02012008 Chg-LP CR2E003 (12/06)

4. FEI Number
59-1979941 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
CURTIS, JOHN M.
11635 N.W. 1ST AVENUE
GAINESVILLE, FL 32607

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 \$500.00
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.**

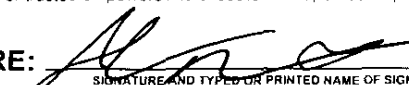
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	644942
NAME	ST. MARY'S RIV. BLUFFS INC
STREET ADDRESS	11635 NW 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/08--01006--012 **508.75

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:  **St: Mary's River Bluffs, Inc., The General Partner**
By: John M. Curtis Date: 4/1/2008 Daytime Phone #: 352-332-0840