

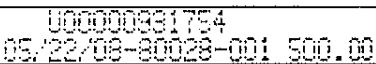
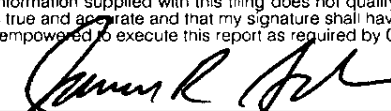


FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A25046 1. Entity Name MANATEE MANAGEMENT, LTD.				Apr 23, 2008 08:00 Secretary of State	
Principal Place of Business 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202		Mailing Address 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062008 Chg-LP CR2E003 (12/06)	
City & State		City & State		4. FEI Number 59-2839689	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIM, PRISCILLA 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	413565	STREET ADDRESS	 000000931754 05/22/08-80028-001 500.00		
NAME	PATRICK K. NEAL & ASSOCIATES, INC.	CITY-ST-ZIP			
STREET ADDRESS	8210 LAKEWOOD RANCH BLVD.				
CITY-ST-ZIP	BRADENTON, FL 34202				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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NAME		CITY-ST-ZIP			
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:  4/25/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					