

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

L01000022752

FILED

02 JUN 14 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

86069

DOCUMENT # L01000022752

1. Entity Name

MANATEE BLUFF PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

509 N. PATTERSON ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SHITE 100

City & State

VALDOSTA, GA

City & State

4. FEI Number

02-0544944

Applied For

Not Applicable

Zip

31601

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER G. ANTREY

Street Address (P.O. Box Number is Not Acceptable)

235 W. GULF BEACH DRIVE

SHITE G

City

ST. GEORGE ISLAND FL

Zip Code

32328

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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.

SIGNATURE

Wayne Fann

Signature, typed or printed name of registered agent and title if applicable.

3/20/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
WAYNE FANN
509 N. PATTERSON ST.
VALDOSTA, GA 31601

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Wayne Fann

3-20-02

229-242-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)