


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022752 1. Entity Name MANATEE BLUFF PARTNERS, LLC	
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Principal Place of Business 509 N. PATTERSON STREET, SUITE 100 VALDOSTA, GA 31601	Mailing Address 509 N. PATTERSON STREET, SUITE 100 VALDOSTA, GA 31601
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0544944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AUTREY, WALTER G
235 W GULF BEACH DRIVE, SUITE G
ST GEORGE ISLAND, FL 32328

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANN, WAYNE 509 N. PATTERSON STREET, SUITE 100 VALDOSTA, GA 31601
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05/04/05-80162-008 100.00

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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 4-26-5 229 242-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #