2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022752

1. Entity Name
MANATEE BLUFF PARTNERS, LLC

Principal Place of Business

Mailing Address

509 N. PATTERSON STREET, SUITE 100 VALDOSTA, GA 31601

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FILED Apr 17, 2008 08:00 A Secretary of State



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01212008No Chg-LLC

4. FEI Number Applied For 02-0544944 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

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

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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			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWII! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000904772 05/01/08-80026-012 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	FANN, WAYNE		
STREET ADDRESS	509 N. PATTERSON STREET, SUITE 100		
CITY-ST-ZIP	VALDOSTA, GA 31601		

TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-7IP

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11. 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 eath; 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: MAY SIGNATURE: MAY SIGNATURE FAVO MIGAM 4-16-8 229-241-14-5/
SIGNATURE: Date OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayling Proce 8