2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L06000020400

Entity Name: LEMON BLUFF, LLC

Current Principal Place of Business:

4101 W OBISPO STREET
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4101 W OBISPO STREET
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 20-4394019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAYES, ANALEE M
4101 W OBISPO STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MAYES, ANALEE M	
Address:	4101 W OBISPO STREET	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	MGRM	( ) Delete
Name:	MOORE, THOMAS W	
Address:	3370 OHIO AVENUE	
City-St-Zip:	SANFORD, FL 32773 US	
Title:	MGRM	( ) Delete
Name:	LOVELL, KATHLEEN M	
Address:	1320 WALLS BRIDGE ROAD	
City-St-Zip:	CLARKESVILLE, GA 30523 US	
Title:	MGRM	( ) Delete
Name:	MCGOVERN, CAROLYN P	
Address:	3634 RIVERSIDE AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32205 US	
Title:	MGRM	( ) Delete
Name:	SINGER, JERE M	
Address:	1295 WALL BRIDGE LOOP	
City-St-Zip:	CLARKESVILLE, GA 30523 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANALEE M MAYES MGR 04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date