

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099080

Entity Name: BLUFFS-VEST, LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

1130 CLEVELAND STREET  
270  
CLEARWATER, FL 33755

## New Principal Place of Business:

## Current Mailing Address:

1130 CLEVELAND STREET  
270  
CLEARWATER, FL 33755

## New Mailing Address:

FEI Number: 20-8252220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STANLEY, BRYAN J ESQ.  
114 TURNER STREET  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

STANLEY, BRYAN J ESQ.  
209 TURNER STREET  
CLEARWATER, FL 33756 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FORD, S. NEIL JR.  
Address: 1130 CLEVELAND STREET, SUITE 270  
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM ( ) Delete  
Name: STANLEY, BRYAN J  
Address: 114 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: STANLEY, BRYAN J  
Address: 209 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

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: BRYAN J. STANLEY

MGRM

04/29/2008

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