

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102563

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** BARTRAM FARMS PARTNERS, LLC

**Current Principal Place of Business:**

1279 COUNTY ROAD 210 WEST  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1279 COUNTY ROAD 210 WEST  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

1279 COUNTY ROAD 210 WEST  
JACKSONVILLE, FL 32207

**New Mailing Address:**

1279 COUNTY ROAD 210 WEST  
JACKSONVILLE, FL 32259

FEI Number: 20-3711232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVI RITTER, LEWIS IV  
1914 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

LEVI RITTER, LEWIS IV  
1279 COUNTY ROAD 210 WEST  
JACKSONVILLE, FL 32259 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: \_\_\_\_\_

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE ALTERRA GROUP, LLC  
Address: 1279 COUNTY ROAD 210 WEST  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THE ALTERRA GROUP, LLC  
Address: 1279 COUNTY ROAD 210 WEST  
City-St-Zip: JACKSONVILLE, FL 32259

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: WILLIAM PYBURN

MGRM

04/29/2009

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