PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS! FORM				
LIMITED PARTNERSHIP REINSTATEMENT	PARTNERSHIP Secretary of State			DF STATE PRPORATIONS AN IOI 51
DOCUMENT # A98000002010 1. Name of Limited Partnership Bartram Park, Ltd.				
Principal Office Address - No P.O. Box # 700 Ponte Vedra Lakes Blvd 700 Ponte Vedra Lakes Blvd			05/05/1101005 cr2E039	218624 016 **5252.50
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Date Formed or Registered 08/28/1998 To Do Business in Florids	
city & State Ponte Vedra Beach, FL	Beach, FL City & State Ponte Vedra Beach, FL		593542605	Applied For Not Applicable
32082 CUSA	ີ່ 32082 ບິ	SÄ	6. CERTIFICATE OF STATUS DESIRED	SR 75 Addition of Fee required
8. Name and Address of Current Registered Agent Name CFRA, LLC Street Address (P. C. Box Number is Not Acceptable) 4221 W. Boy Scout Bivd., 10th Floor Suite, Apt. #, Elc.			7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.	
°f'ampa FL 33607		6 67	E-mail Address: tomdodson@comcast.net E-Mail address to be used for future annual report notices.	
9. Pursuant to the provisions of section 820,1810 or 620,1909, Florida Statutes, University accept the appointment of registered agent. Fam familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number
Bartram Trading Company			nte Vedra Beach, FL 082	P98000075020
REINSTATEMENT 08-11				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
11. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119. Florida Statutes I release the Division of Corporations from any liability of non-compliance with Chapter 119. F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if, if made under orable. I harther central partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE DATE DATE DATE DATE				
J. THOMAS DODSON, its President J. Thomas Dodson Telephone Number 904 - 280 - 7100				