

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90080 001 ****50.00

DOCUMENT # L01000003751

1. Entity Name
BARTRAM INVESTMENTS, LLC



Principal Place of Business
**2325 ULMERTON RD.
SUITE 20
CLEARWATER, FL 33762**

Mailing Address
**2325 ULMERTON RD.
SUITE 20
CLEARWATER, FL 33762**

DO NOT WRITE IN THIS SPACE

01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3708378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, GREGORY O
2325 ULMERTON RD.
STE 20
CLEARWATER, FL 33762**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DODSON, J. THOMAS
13361 ATLANTIC BLVD
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BULLARD, FRED B JR
13361 ATLANTIC BLVD
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MORRIS, GREGORY D
13361 ATLANTIC BLVD
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: *Gregory D Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/04
Date

727-576-6424
Daytime Phone #