


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003751 1. Entity Name BARTRAM INVESTMENTS, LLC	
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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

01312005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3708378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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

4/26/05 727.576.6424

Date

Daytime Phone #