# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 24, 2003 8:00 am**
**Secretary of State**
03-24-2003 90019 015 ****50.00

DOCUMENT # L01000003751

1. Entity Name
BARTRAM INVESTMENTS, LLC

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| ~~13361 ATLANTIC BLVD.~~<br>~~JACKSONVILLE FL 32225~~ | ~~13361 ATLANTIC BLVD.~~<br>~~JACKSONVILLE FL 32225~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2325 ULMERTON RD | 2325 ULMERTON RD |
| Suite, Apt. #, etc.: SUITE 20 | Suite, Apt. #, etc.: SUITE 20 |
| City & State: CLEARWATER FLA | City & State: CLEARWATER, FLA |
| Zip: 33762 Country: USA | Zip: 33762 Country: USA |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| ~~GILES, JOEL B~~<br>~~ONE PROGESS PLAZA~~<br>~~200 CENTRAL AVE., SUITE 2300~~<br>~~FT. LAUDERDALE FL 33701-4352~~ | Name: GREGORY D. MORRIS<br>Street Address (P.O. Box Number is Not Acceptable): 2325 ULMERTON RD<br>STE 20<br>City: CLEARWATER FL Zip Code: 33762 |

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: GREGORY D. MORRIS — 2/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DODSON, J.THOMAS<br>13361 ATLANTIC BLVD<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BULLARD, FRED B JR<br>13361 ATLANTIC BLVD<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>MORRIS, GREGORY D<br>13361 ATLANTIC BLVD<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (10/02)

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:** ~~SIGNATURE~~ REQUIRED — 2/25/03 — 727.576.6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #