

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000031148

1. Entity Name
BARTRAM LAKES DEVELOPMENT, LLC



Principal Place of Business
255 ALHAMBRA CIR, STE 325
MIAMI, FL 33134

Mailing Address
255 ALHAMBRA CIR, STE 325
MIAMI, FL 33134



04072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1268354

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA H ESQ
C/O GREENBERG TRAURIG, PA
5100 TOWN CENTER CIR, STE 400
BOCA RATON, FL 33486

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000941798
05/28/08-80120-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUTHERFORD, J. LARRY
STREET ADDRESS	255 ALHAMBRA CIR, STE 325
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGR
NAME	GILLETTE, J. THOMAS III
STREET ADDRESS	4720 SALISBURY ROAD, SUITE 126
CITY-ST-ZIP	JACKSONVILLE, FL 32256
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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #