2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 01, 2005 8:00 am Secretary of State DOCUMENT # L04000025123 1. Entity Name 04-01-2005 90157 042 ****50.00 PROPERTY BART & JIM 1, LLC Principal Place of Business Mailing Address 6060 SHORE BLVD. SOUTH 6060 SHORE BLVD. SOUTH GULFPORT FL 33707 **GULFPORT FL 33707** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number ied Forامر Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIPPEN, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF JOSEPH F PIPPEN JR & ASSOC 10225 ULMERTON RD, BLDG 11 **LARGO FL 33771** City Zip Code 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 H 72 3 200 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change ☐ Addition NAME O'CONNOR, BARTHOLOMEW J NAME STREET ADDRESS 6060 SHORE BLVD. SOUTH STREET ADDRESS CITY-ST-ZIP **GULFPORT FL 33707** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Defete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P

11. I hereby certify that the information supplied with this filing does not quality 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.

FILED