

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90035 030 \*\*\*\*50.00

**DOCUMENT # L04000025701**



1. Entity Name

**BARTRAM PARK PARTNERS, LLC**

Principal Place of Business

**C/O JOEL B. GILES, ESQ  
200 CENTRAL AE, STE 2300  
ST PETERSBURG, FL 33701**

Mailing Address

**C/O JOEL B. GILES, ESQ  
200 CENTRAL AE, STE 2300  
ST PETERSBURG, FL 33701**

**DO NOT WRITE IN THIS SPACE**



03162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**35-2228528**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 33607-5736**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	VP
NAME	MORRIS, GREGORY D
STREET ADDRESS	2325 ULMERTON RD, STE 20
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	P
NAME	DODSEN, J. THOMAS
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	

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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:

*GREGORY D. MORRIS*  
**GREGORY D. MORRIS**

**3/21/06**

**7275766424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #