

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90025 015 ***138.75

DOCUMENT # L04000025701									
1. Entity Name BARTRAM PARK PARTNERS, LLC									
Principal Place of Business C/O JOEL B. GILES, ESQ 200 CENTRAL AVE, STE 2300 ST PETERSBURG, FL 33701			Mailing Address C/O JOEL B. GILES, ESQ 200 CENTRAL AVE, STE 2300 ST PETERSBURG, FL 33701						
2. Principal Place of Business - No P.O. Box # 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260		3. Mailing Address 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260							
4. FEI Number 01292008 Chg-LLC CR2E083 (12/06) 35-2228528		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable		
Applied For									
Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Zip</td> <td style="width: 50%; padding: 2px;">Country</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Zip</td> <td style="width: 50%; padding: 2px;">Country</td> </tr> </table>				Zip	Country	Zip	Country
Zip	Country								
Zip	Country								
6. Name and Address of Current Registered Agent OFRA, LLC CORPORATE CENTER THREE AT INTL PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5796			7. Name and Address of New Registered Agent Morris, Gregory D 700 Ponte Vedra Lakes Blvd Ponte Vedra Beach, FL 32082						
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.									
<table style="width:100%;"> <tr> <td style="width: 30%;">SIGNATURE <i>Gregory D Morris</i></td> <td style="width: 30%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width: 40%; text-align: right;">DATE <i>4/22/08</i></td> </tr> </table>						SIGNATURE <i>Gregory D Morris</i>	(NOTE: Registered Agent signature required when reinstating)	DATE <i>4/22/08</i>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State						
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES						
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MORRIS, GREGORY D		NAME						
STREET ADDRESS	2025 ULMERTON RD, STE 20		STREET ADDRESS	700 Ponte Vedra Lakes Blvd.					
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082-1260					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<i>Dodson, J. Thomas</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DODSEN, J. THOMAS		NAME						
STREET ADDRESS	13361 ATLANTIC BLVD		STREET ADDRESS	700 Ponte Vedra Lakes Blvd.					
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082-1260					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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.									
<table style="width:100%;"> <tr> <td style="width: 30%;">SIGNATURE: <i>J. Thomas Dodson</i></td> <td style="width: 30%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width: 40%; text-align: right;">DATE <i>2/6/08</i> Daytime Phone # <i>904-280-7100</i></td> </tr> </table>						SIGNATURE: <i>J. Thomas Dodson</i>	(NOTE: Registered Agent signature required when reinstating)	DATE <i>2/6/08</i> Daytime Phone # <i>904-280-7100</i>	
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