


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 015 ***138.75

DOCUMENT # L04000091413 1. Entity Name SHOPS OF BARTRAM WALK, LLC					
Principal Place of Business 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 1551 Atlantic Blvd.		3. Mailing Address P.O. Box 47050			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-2020270	
Zip 32207		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMETREE, J.C. JR 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Demetree, J. C. Jr. Street Address (P.O. Box Number is Not Acceptable) 1551 Atlantic Blvd., Suite 300 City Jacksonville FL Zip Code 32207			
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 <u>J.C. Demetree Jr.</u> DATE <u>4/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMETREE, J C JR 3740 BEACH BLVD STE 300 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Demetree, Jr, J. C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>J.C. Demetree Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/28/08</u>		Daytime Phone # <u>904 398 7350</u>

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