

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012757

Entity Name: BARTCO, LLC

FILED  
Feb 25, 2006  
Secretary of State

**Current Principal Place of Business:**

720 TAMO'SHANTER AVE  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

25 THORNDIKE ROAD  
NORTH ANDOVER, MA 01845

**New Mailing Address:**

FEI Number: 54-2166762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BREWSTER, DALE  
3860 SUN CITY CENTER BLVD.  
SUN CITY CENTER, FL 33573 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARTLETT, ROBERT E JR.  
Address: 25 THORNIDIKE ROAD  
City-St-Zip: NORTH ANDOVER, MA 01845

Title: MGRM ( ) Delete  
Name: JANSON, BONNIE B  
Address: 810 LISAKAY DRIVE  
City-St-Zip: GLENDALE, MO 63122

Title: MGRM ( ) Delete  
Name: BARTLETT, ARTHUR H  
Address: 4009 N.W. 176TH AVENUE  
City-St-Zip: PORTLAND, OR 97229

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT E. BARTLETT, JR

MGRM

02/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date