

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015492

FILED
Mar 20, 2008
Secretary of State

Entity Name: BARTRAM DEVELOPEMENT, LLC

Current Principal Place of Business:

11250 OLD ST. AUGUSTINE RD
#15-182
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST. AUGUSTINE RD
#15-182
JACKSONVILLE, FL 32257

New Mailing Address:

11250 OLD ST. AUGUSTINE RD
#15-182
JACKSONVILLE, FL 32257

FEI Number: 03-0564121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, MARK A
11250 OLD ST. AUGUSTINE RD
#15-182
JACKSONVILLE, FL 32257 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: WILKS, MICHAEL M
Address: 11250 ST AUGUSTINE RD, #15-182
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM () Delete
Name: KNOWLES DEVELOPMENT, CORPORATION
Address: 11250 ST AUGUSTINE RD, #15-182
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

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 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: MARK A. KNOWLES

MGRM

03/20/2008

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