


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90023 027 \*\*\*\*50.00

DOCUMENT # L05000024202		
1. Entity Name BARTRAM RETAIL, L.L.C.		

Principal Place of Business 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256	Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255
--	--

20036974



2. Principal Place of Business 45 W. Bay Street		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32202	Country USA	Zip	Country

04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 80-3185642	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256	
---	--

7. Name and Address of New Registered Agent	
Name Leonard H. Grunthal, III	
Street Address (P.O. Box Number is Not Acceptable) 45 W. Bay Street, Suite 203	
City Jacksonville	FL Zip Code 32202

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	Leonard H. Grunthal III	DATE 04-17-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Leonard H. Grunthal, III 45 W. Bay St., Suite 203 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member William F. Schueth, Jr. 45 W. Bay St., Suite 203 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Marc C. Angelo 11363 San Jose Blvd., Bldg 300 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" 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	Leonard H. Grunthal III	DATE 04-17-06	Daytime Phone # (904) 356-1000