2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000024643

1. Entity Name

BARTRAM PARK ASSOCIATES, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225

Mailing Address

13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225



04172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2472158

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, DOUGLAS A 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32225

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	above named entity submits this statement for the purpose of chabiligations of registered agent.	anging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATI	URE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	Р		
NAME	DODSON, J THOMAS		

13361 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/07

Davime Phone *