


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90021 036 ***138.75

DOCUMENT # L05000024643	
1. Entity Name BARTRAM PARK ASSOCIATES, LLC	

Principal Place of Business 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225	Mailing Address 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225
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60020004

2. Principal Place of Business - No P.O. Box # 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260	3. Mailing Address 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260
Zip _____	Country _____

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2472158	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WARD, DOUGLAS A 4304 RIVERPLAGE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32225	7. Name and Address of New Registered Agent Morris, Gregory D 700 Ponte Vedra Lakes Blvd Ponte Vedra Beach, FL 32082
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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><i>Gregory D Morris</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4/22/08</u> <small>(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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DODSON, J THOMAS 13361 ATLANTIC BLVD JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dodson, J. Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260
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
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><i>J. Thomas Dodson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>2/6/08</u> Daytime Phone # <u>904-280-7100</u>