


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90046 013 ****50.00

DOCUMENT # 40500060912	
1. Entity Name DR. BARTLEY ENTERPRISES	

DO NOT WRITE IN THIS SPACE

30007753

2. Principal Place of Business 53 DIXON AVENUE	3. Mailing Address 53 DIXON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E083B (8/05)

City & State INGLIS, FL	City & State INGLIS, FL	4. FEI Number 04-3819236	Applied For <input type="checkbox"/> Not Applicable
Zip 34449-9709	Country USA	Zip 34449-9709	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SHIRLEY K. BARTLEY	
	Street Address (P.O. Box Number is Not Acceptable) 53 DIXON AVENUE	
	City INGLIS	FL Zip Code 34449-9709

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 **Shirley K. Bartley, Ph.D.** **April 18, 2007**
Signature, typed or printed name of registered agent and date if applicable. DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SHIRLEY K. BARTLEY, Ph.D. 53 DIXON AVENUE INGLIS, FL 34449-9709	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Shirley K. Bartley, Ph.D.** **5-10-07** **352-447-5489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #