


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000117827 1. Entity Name BARTON LAKE PROPERTIES, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 5310 E COLONIAL DR ORLANDO, FL 32807 | Mailing Address 5321 E COLONIAL DR ORLANDO, FL 32807 |
|--|--|



04292007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-4692555 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

| |
|---|
| 6. Name and Address of Current Registered Agent FULTON, WILLIAM T JR 5321 E. COLONIAL DR. ORLANDO, FL 32807 |
|---|

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP | MGR FULTON, WILLIAM T JR. 5321 E. COLONIAL DR. ORLANDO, FL 32807 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|--|
| <p>U00000758896 05/24/07-80020-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
|--|

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:  **4-30-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #