

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000020536 1. Entity Name BARTHOLOMEW MANAGEMENT, LLC			
Principal Place of Business 900 FT PICKENS RD #825 PENSACOLA BEACH, FL 32561 US		Mailing Address 900 FT PICKENS RD #825 PENSACOLA BEACH, FL 32561 US	
2. Principal Place of Business - No P.O. Box # 763 ROCK CREEK ST.		3. Mailing Address 763 ROCK CREEK ST.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State APOPKA, FL		City & State APOPKA, FL	
Zip 32712		Zip 32712	
Country USA		Country USA	
4. FEI Number 		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTHOLOMEW, ALLAN 763 ROCK CREEK STREET APOPKA, FL 32712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTHOLOMEW, ALLAN 900 FT PICKENS RD #825 PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLAN BARTHOLOMEW 763 ROCK CREEK ST. APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTHOLOMEW, KIM 763 ROCK CREEK STREET APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 600113558356 01/02/08--01039--011 ***55.00 </div> <input checked="" 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
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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:		12/18/07 740-324-0111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

FILED

2007 DEC 28 PM 12:30

SECRETARY OF STATE



05072007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTHOLOMEW, ALLAN
763 ROCK CREEK STREET
APOPKA, FL 32712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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BARTHOLOMEW, ALLAN
900 FT PICKENS RD #825
PENSACOLA BEACH, FL 32561**

☐ Delete

TITLE
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CITY - ST - ZIP

**MGRM
ALLAN BARTHOLOMEW
763 ROCK CREEK ST.
APOPKA, FL 32712**

☒ Change

☐ Addition

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☐ Delete

TITLE
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**600113558356
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SIGNATURE:

12/18/07

740-324-0111

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

Date

Daytime Phone #