## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000067438

Entity Name: BARTON COMMERCIAL PARK, LLC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1815 THRONHILL ROAD
AUBURNDALE, FL 33823
1815 THORNHILL ROAD
AUBURNDALE, FL 33823

Current Mailing Address: New Mailing Address:

1815 THRONHILL ROAD AUBURNDALE, FL 33823 1815 THORNHILL ROAD AUBURNDALE, FL 33823

FEI Number: 20-8835200 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRITTENDEN, ROBERT R ESQ. 103 AVENUE A, N.W. WINTER HAVEN, FL 33881 US

MANAGING MEMBERS/MANAGERS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## Electronic dignature of registered rigi

## ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition BARTON, DOLORES A COTRUST BARTON, DOLORES A COTRUST Name: Name: 1815 THRONHILL ROAD Address: 1815 THORNHILL ROAD Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM Title: MGRM (X) Change ( ) Addition ( ) Delete BARTON, C. ARIS COTRUST Name: BARTON, C. ARIS COTRUST Name: Address: 1815 THRONHILL ROAD Address: 1815 THORNHILL ROAD City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BARTON, C. ARIS COTRUST
 Name:

 Address:
 1815 THRONHILL ROAD
 Address:

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BARTON, DELORES COTRUST
 Name:

 Address:
 1815 THRONHILL ROAD
 Address:

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOLORES A BARTON MGRM 03/23/2009