


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000107319 1. Entity Name BARTRAM PARTNERS 62, LLC	
---	---

Principal Place of Business 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256	Mailing Address 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 14 EAST BAY STREET JACKSONVILLE, FL 32202

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 _____

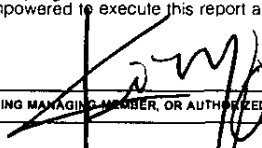
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, MARK A 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOQUIN, KIRK 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHANCK, JOHN 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN HORN, DOUGLAS S 909 SOUTH FOREST CREEK DR SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000954257
07/11/08-80005-021-138.75

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: Kirk Moquin  7/9/08 800-617-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 45-0545098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required