2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9800000128

Name:

Address:

City-St-Zip:

Apr 30, 2009 Secretary of State

Entity Name: BARTLETT PARK NEIGHBORHOOD REDEVELOPMENT, L.C.

New Principal Place of Business: Current Principal Place of Business: 1600 DR. MARTIN L. KING STREET S. C/O ST. PETERSBURG NEIGHBORHOOD HOUSING ST. PETERSBURG, FL 33701 **Current Mailing Address: New Mailing Address:** 1600 DR. MARTIN L. KING STREET S C/O ST. PETERSBURG NEIGHBORHOOD HOUSING ST. PETERSBURG, FL 33701 FEI Number: 59-3495254 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: ASKIA MUHAMMAD AQUIL SCANLAN, DEBORAH F 1600 DR. MARTIN L. KING STREET S. 1600 DR. MARTIN L. KING STREET S. ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 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: DEBORAH F. SCANLAN 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCANLAN, DEBORAH F Name: Name: 4401 14 ST NE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: Title: CD () Delete Title: () Change () Addition JACKSON, FLORA Name: Name: Address: 1160 63 AVE S Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: VD. () Delete Title: (X) Change () Addition BUNGARD, NORMAN WEDDING, RANDOLPH Name: Name: 5400 PARK ST N PH7 6900 10TH AVE. N. Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: SAINT PETERSBURG, FL 33710 Title: SD () Delete Title: SD (X) Change () Addition CANTY, SUSAN Name: Name: ALLEN, MARY WYATT 4001 ALABAMA AVE. NE Address: 2140 20 ST S Address: City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: SAINT PETERSBURG, FL 33703 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

PAVONETTI, NICK

876 ROSER PARK DRIVE SOUTH

ST. PETERSBURG, FL 33701

SIGNATURE: DEBORAH F. SCANLAN PMD 04/30/2009