

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A32571

1. Entity Name

AA/BAKER GROUP, LTD.



FILED

08 FEB -8 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6600 SW 57TH AVENUE
MIAMI FL 33143

Mailing Address

6600 SW 57TH AVENUE
MIAMI FL 33143

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E003 (10/07)

4. FEI Number

65-0313470

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYER, WARREN
6600 SW 57TH AVE., STE. 200
MIAMI FL 33143

Name

WARREN BRYER

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

1320 S. DIXIE HIGHWAY

SUITE 241

City

CORAL GABLES

FL

Zip Code

33146

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 date of application.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # V13856
NAME ANAB PROPERTIES, INC.
STREET ADDRESS 6600 SW 57TH AVENUE
CITY-ST-ZIP MIAMI FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

800118151258

CITY-ST-ZIP

02/18/08--01003--004 **508.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes.

SIGNATURE:

Anthony R. Abraham
ANTHONY R. ABRAHAM

01/24/2008

305-665-2222

Date

Daytime Phone *

STAPLE CHECK HERE