


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000004776  
 1. Entity Name  
 BAER ENTERPRISES, LLC



Principal Place of Business 9030 N.W. 97 TERRACE MEDLEY, FL 33178	Mailing Address 9030 N.W. 97 TERRACE MEDLEY, FL 33178
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01202005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0559495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B  
 3300 UNIVERSITY DRIVE, SUITE 711  
 CORAL SPRINGS, FL 33065

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAER, ROBERT 7252 S.W. 98 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAER, RICHARD 7900 S.W. 125 STREET PINECREST, FL 33156
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Baer, MGR. Date: 2/8/05 Daytime Phone #: 705 888-3344

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