

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000118130

1. Entity Name
BAX BUILDERS, LLC



FILED

2006 JUL 20 PM 3:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
1573 PINE STREET
TALLAHASSEE, FL 32303

Mailing Address
1009 CONCORD ROAD, #225
TALLAHASSEE, FL 32308

2. Principal Place of Business

1573 PINE ST

Suite, Apt. #, etc.

3. Mailing Address

2620 SATINWOOD CR

Suite, Apt. #, etc.

07202006 Chg-LLC CR2E083 (11/05)

City & State

TALLAHASSEE, FL

City & State

TALLA., FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32303

Country

LEON

Zip

32309

Country

LEON

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASKEY, PAUL J
1573 PINE STREET
TALLAHASSEE, FL 32303

Name

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

City

FL

Zip Code

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

Paul J. Askey

7-20-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ASKEY, PAUL J
STREET ADDRESS 1573 PINE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME ASKEY, JOHN P
STREET ADDRESS 1009 CONCORD ROAD, #225
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME JAMES MAHONER
STREET ADDRESS 2620 SATINWOOD CIR.
CITY-ST-ZIP TALLA. FLA. 32309

TITLE MGRM ☐ Delete
NAME THOMPSON, ROY L
STREET ADDRESS 588 FOREST ROAD
CITY-ST-ZIP HAVANA, FL 32333

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ROBERTS, PATRICIA
STREET ADDRESS 2113 GREAT OAK DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul J. Askey

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

Date

Daytime Phone #