

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32571**

1. Entity Name

AA/BAKER GROUP, LTD.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0313470

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

APPROVED
AND
FILED

02 APR -8 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**ROSEFELD, STELLA A
6600 S.W. 57TH AVENUE
SUITE 200
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

WARREN BRYER

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

6600 S.W. 57th AVENUE - SUITE 200

SUITE 200 MIAMI, FL 33143

City

MIAMI,

FL

Zip Code

33143

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.

SIGNATURE

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

Warren Bryer

4-4-02

DATE

9. Capital Contributions
as Shown on record.

\$7,920,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

100005258191-4
-04/12/02--01082--031
******535.00 ****535.00**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Anthony R. Abraham

ANTHONY R. ABRAHAM

4/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0008970 AT

CR2E003 (9/01)