


2006 LIMITED LIABILITY COMPANY. ANNUAL REPORT

1/1:

FILED
May 03, 2006 8:00 am
Secretary of State

01-12-2006 90039 030 ****50.00

DOCUMENT # L05000043835					
1. Entity Name 930 LAKE BALDWIN LANE II, LLC					
Principal Place of Business 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792			Mailing Address 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792		
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 2802 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01052006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARRY, BRENDA M 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792			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 <i>B. Barry</i>			DATE 1/5/6		
Filing Fee is \$50.00 Due by May 1, 2006.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRY, BRENDA M 2802 ALOMA AVE., SUITE 100 WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: <i>B. Barry</i>			DATE 1/5/6 407 681-3333		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

4/27/6 FET NOT APPLICABLE WILL BE TAXED AS AN INDIVIDUAL USING MY SSN #.
B. Barry
BRENDA M. BARRY