

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086334

FILED
Jan 15, 2008
Secretary of State

Entity Name: BALDWIN OFFICE PARK LLC

Current Principal Place of Business:

8421 S. ORANGE BLOSSOM TRAIL
SUITE 270
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8421 S. ORANGE BLOSSOM TRAIL
SUITE 270
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-0102358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARINAS, FROILAN DDS
8421 S. ORANGE BLOSSOM TRAIL
SUITE 270
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARINAS, FROILAN DR
Address: 8421 S. ORANGE BLOSSOM TRAIL#270
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: RAMPHAL, MOTIELAL
Address: 8421 S. ORANGE BLOSSOM TRAIL#270
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: RAMDAN, DAVID
Address: 8421 S. ORANGE BLOSSOM TRAIL#270
City-St-Zip: ORLANDO, FL 32809

Title: MGRM (X) Delete
Name: CARVALHO, ENIO
Address: 8421 S. ORANGE BLOSSOM TRAIL#270
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FROILAN BARINAS

MGRM

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date