## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086334

Name:

Address:

City-St-Zip:

8421 S.ORANGE BLOSSOM TRAIL#270

ORLANDO, FL 32809

Entity Name: BALDWIN OFFICE PARK LLC

FILED Jan 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8421 S. ORANGE BLOSSOM TRAIL SUITE 270 ORLANDO, FL 32809 **New Mailing Address: Current Mailing Address:** 8421 S. ORANGE BLOSSOM TRAIL SUITE 270 ORLANDO, FL 32809 FEI Number: 26-0102358 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARINAS, FROILAN DDS 8421 S. ORANGE BLOSSOM TRAIL SUITE 270 ORLANDO, FL 32809 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BARINAS, FROILAN DR Name: Name: 8421 S. ORANGE BLOSSOM TRAIL#270 Address: Address: ORLANDO, FL 32809 City-St-Zip: City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: RAMPHAL, MOTIELAL Name: Address: 8421 S. ORANGE BLOSSOM TRAIL#270 Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RAMDAN, DAVID Name: Name: 8421 S. ORANGE BLOSSOM TRAIL#270 Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition CARVALHO, ENIO

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FROILAN BARINAS **MGRM** 01/15/2008