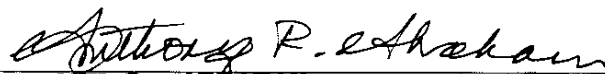


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

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 - No P.O. Box #			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				1st MOORE CR2E003 (10/07)	
6. Name and Address of Current Registered Agent BRYER, WARREN 6600 SW 57TH AVE., STE. 200 MIAMI FL 33143				7. Name and Address of New Registered Agent Name WARREN BRYER Street Address (P.O. Box Number is Not Acceptable) 1320 S.DIXIE HIGHWAY SUITE 241 City CORAL GABLES FL Zip Code 33146	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date of application.					
FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V13856		STREET ADDRESS	800118151258	
NAME	ANAB PROPERTIES, INC.		CITY-ST-ZIP	02/18/08--01003--004 **508.75	
STREET ADDRESS	6600 SW 57TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes.					
SIGNATURE: 			01/24/2008 305-665-2222		
ANTHONY R. ABRAHAM			Date Daytime Phone *		

FILED

08 FEB -8 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE