




FILED
Jan 26, 2004 8:00 am
Secretary of State

5,400 706

DOCUMENT # G47191		SECRETARY OF STATE 01-26-2004 90008 044 ***150.00	
1. Entity Name BAIRD INVESTMENT PROPERTIES, INC.			
Principal Place of Business 6309 CORPORATE COURT SUITE 100 FT MYERS, FL 33919 US		Mailing Address 5712 SANDPIPER PLACE FT MYERS, FL 33919 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P. O. Box 62302 Suite, Apt. #, etc. City & State Fort Myers, FL Zip Country 33906-2302 USA	
		 01162004 Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2324162 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAIRD, DWIGHT S. JR. 5712 SANDPIPER PLACE FT. MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1765-7 Red Cedar Drive City State Zip Code Fort Myers FL 33907	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PTC BAIRD JR, DWIGHT S	TITLE NAME	Change Addition
STREET ADDRESS	5712 SANDPIPER PLACE	STREET ADDRESS	1765-7 Red Cedar Drive
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	Fort Myers, FL 33907
TITLE NAME	S BAIRD, NANCIANN	TITLE NAME	Change Addition
STREET ADDRESS	5712 SANDPIPER PLACE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE NAME	Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date Daytime Phone # 1-16-04 239-277-0980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			