

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90406 016 ****55.00

DOCUMENT # L00000009973

1. Entity Name

Baker Broom Investment Group L.L.C.

DO NOT WRITE IN THIS SPACE

967935

2. Principal Place of Business

2610 NW 43rd St.

Suite, Apt. #, etc.

Suite 1 A

City & State

Gainesville FL

Zip

32605

Country

USA

3. Mailing Address

PO BOX 357685

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32635

Country

USA

4. FEI Number

59-3667768

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Tim Broom

Street Address (P.O. Box Number is Not Acceptable)

Rt 21 Box 906

City

LAKE CITY

FL

Zip Code

32024

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Tim Broom 2610 NW 43rd St. Gainesville FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres. Greg Baker 2610 NW 43rd St. Gainesville FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer/Secretary Denise Broom 2610 NW 43rd St. Gainesville FL 32605
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11. 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 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 608, Florida Statutes.

SIGNATURE:

Denise W. Broom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-12-02

352 378-8007

Date

Daytime Phone #

CR2E083B (12/01)