

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90080 004 ****55.00

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DOCUMENT # L00000009973



1. Entity Name
BAKER BROOM INVESTMENT GROUP L.L.C.

Principal Place of Business 2610 NW 43RD ST STE 1 A GAINESVILLE FL 32605	Mailing Address P.O. BOX 357685 GAINESVILLE FL 32635 <i>5463</i> <i>Ent-1-16-03</i>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <i>3832 Newberry Road</i> Suite, Apt. #, etc. <i>Suite 2A</i> City & State <i>Gainesville FL</i>	3. Mailing Address <i>3832 Newberry Rd</i> Suite, Apt. #, etc. <i>Suite 2A</i> City & State <i>Gainesville FL</i>
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Zip <i>32607</i>	Country <i>USA</i>	Zip <i>32607</i>	Country <i>USA</i>
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4. FEI Number **59-3667768** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**BROOM, TIMOTHY
RT 21, BOX 906
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent
Name *Tim Broom*
Street Address (P.O. Box Number is Not Acceptable)
3832 Newberry Road Ste 2A
City *Gainesville* **FL** Zip Code *32607*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOM, TIM 2610 NW 43RD ST GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, GREG 2610 NW 43RD ST GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BROOM, DENISE 2610 NW 43RD ST GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tim Broom 3832 Newberry Road Ste 2A Gainesville FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Greg Baker 3832 Newberry Road Ste 2A Gainesville FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Denise Broom 3832 Newberry Road Ste 2A Gainesville FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **1-10-03 352 378-8007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (10/02)