2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000004673

1. Entity Name
BAER CONSTRUCTION L.L.C



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1929 PORTAGE LANDING NORTH PALM BEACH, FL 33408 1929 PORTAGE LANDING NORTH PALM BEACH, FL 33408



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1096324 Applied Far Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDELSOHN, JOSHUA 1929 PORTAGE LANDING NORTH PALM BEACH, FL 33408

SIGNATURE:

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01.10.2006

361.776

Daytime Phone #

		No.		
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 Signature, typed or brinted name of registered agent and title if applicable. (NOTE, Registered Agent and title if applicable.)		(NOTE, Registered Agent signature required when reinstating)	DATE	
	Signature, typod or parties reams or regarded agent and one is approxime.		Experience of the second	
Filing Fee is \$50.00 Due by May 1, 2007				
9,	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDELSOHN, JOSHUA 1929 PORTAGE LANDING NORTH PALM BEACH, FL 33408		000000617120 02/07/07-80062-010 55.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. 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 managing member or manager of the limited liability company of the receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE