

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90514 030 ***138.75

DOCUMENT # L01000008927

1. Entity Name

BALDRIDGE-NAPLES, L.L.C.



Principal Place of Business

11825 MANCHESTER ROAD
ST. LOUIS MO 63131
US

Mailing Address

11825 MANCHESTER ROAD
ST. LOUIS MO 63131
US

2. Principal Place of Business - No P.O. Box #

1507 HATRA Way

3. Mailing Address

1507 HATRA Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. LOUIS, MO

City & State

ST. LOUIS, MO

Zip

63010-1144

Country

USA

Zip

63010-1144

Country

USA

4. FEI Number

58-2627430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICE, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reconstituting)

Date

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BALDRIDGE, KENNETH R
STREET ADDRESS 11825 MANCHESTER ROAD
CITY-ST-ZIP ST. LOUIS MO 63131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 1507 HATRA Way
STREET ADDRESS ST. LOUIS, MO 63010-1144
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

April 24, 2008

314-
966-2300