


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90105 020 ****50.00

DOCUMENT # L01000011528 1. Entity Name WILLIAM H. BAKER, FASLA LANDSCAPE ARCHITECT, LLC																																																																																																					
Principal Place of Business 840 SOUTH DENNING DRIVE WINTER PARK FL 32789				Mailing Address 840 SOUTH DENNING DRIVE WINTER PARK FL 32789																																																																																																	
2. Principal Place of Business 530 E. CENTRAL BLVD.		3. Mailing Address P.O. Box 1836																																																																																																			
Suite, Apt. #, etc. #901		Suite, Apt. #, etc. #																																																																																																			
City & State ORLANDO, FL.		City & State WINTER PARK, FL.		4. FEI Number 59-3735361																																																																																																	
Zip 32801		Country USA		Applied For <input type="checkbox"/> Not Applicable																																																																																																	
Zip 32790		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent BAKER, WILLIAM H 840 SOUTH DENNING DRIVE WINTER PARK FL 32789				7. Name and Address of New Registered Agent Name BAKER, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 530 E. CENTRAL BLVD. #901 City ORLANDO FL Zip Code 32801																																																																																																	
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 <i>William H Baker</i> WILLIAM H. BAKER, OWNER 2-4-04 <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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME</td> <td style="width: 55%;">MGRM BAKER, WILLIAM H</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE NAME</td> <td style="width: 55%;">530 E. CENTRAL BLVD. #901</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>840 SOUTH DENNING DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td>ORLANDO, FL. 32801</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL 32789</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME	MGRM BAKER, WILLIAM H	<input type="checkbox"/> Delete	TITLE NAME	530 E. CENTRAL BLVD. #901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	840 SOUTH DENNING DRIVE		STREET ADDRESS	ORLANDO, FL. 32801		CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>William H Baker</i> WILLIAM H BAKER 2-4-04 407-641-5726 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																					