

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001282**

1. Entity Name

BAKER ENGINEERING, LLC



Principal Place of Business

1488 SOUTHWIND DR  
CASSELBERRY FL 32707

Mailing Address

1488 SOUTHWIND DR  
CASSELBERRY FL 32707



2. Principal Place of Business

Suite, Apt. #, etc.

N/A

3. Mailing Address

Suite, Apt. #, etc.

N/A

City & State

City & State

1st MOORE

CR2E083 (10/05)

4. FEI Number

80-0034713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, GEORGE  
585 SOUTH CR-427, SUITE 121  
LONGWOOD FL 32750-5462

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 title if applicable.

(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, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BAKER, ERNEST E  
STREET ADDRESS 1488 SOUTHWIND DRIVE  
CITY- ST- ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 1488 SOUTHWIND DRIVE  
CITY- ST- ZIP CASSELBERRY FL 32707

TITLE MGRM ☐ Delete  
NAME BAKER, ELIZABETH A  
STREET ADDRESS 1488 SOUTHWIND DRIVE  
CITY- ST- ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 1488 SOUTHWIND DRIVE  
CITY- ST- ZIP CASSELBERRY FL 32707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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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.

ELIZABETH A. BAKER

SIGNATURE: *Elizabeth A. Baker*

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

2-13-06 407-696-5466

Date

Daytime Phone #