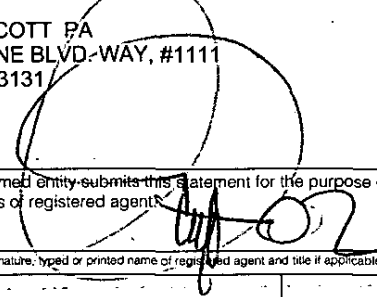
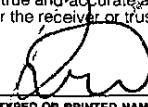


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 010 ****50.00

DOCUMENT # L02000004592 1. Entity Name YOUNGER-BAKER INVESTMENTS, LLC					
Principal Place of Business 7301 CAPILLA CT. CORAL GABLES, FL 33143			Mailing Address 7301 CAPILLA CT. CORAL GABLES, FL 33143		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 03-0395416				Applied For Not Applicable	
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		
MARCUS, SCOTT PA 300 BISCAYNE BLVD-WAY, #1111 MIAMI, FL 33131			Name MARCUS SCOTT A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 3211 PONCE DE LEON BLVD. SUITE 200 City MIAMI FL Zip Code 33134		
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  SCOTT A. MARCUS DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, ROBERT 7301 CAPILLA CT. CORAL GABLES, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNGER, MADELEINE 7301 CAPILLA CT. CORAL GABLES, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:  ROBERT W BAKER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			