


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000004776
 1. Entity Name
 BAER ENTERPRISES, LLC



Principal Place of Business 9030 N.W. 97 TERRACE MEDLEY, FL 33178	Mailing Address 9030 N.W. 97 TERRACE MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0559495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B
 3300 UNIVERSITY DRIVE, SUITE 711
 CORAL SPRINGS, FL 33065

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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 _____ 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

U00000124608
 04/22/04-80050-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAER, ROBERT 7252 S.W. 98 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAER, RICHARD 7900 S.W. 125 STREET PINECREST, FL 33156
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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)(f), 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 Baer* Date: 4/16/04 (305) 888-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #