2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018351

1. Entity Name

BAKER - GC DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
2051 MORNINSIDE DR. MOUNT DORA FL 32757	2051 MORNINSIDE DR. MOUNT DORA FL 32757

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E083 (11/03)

4. FEI Number 42-1542918 ☐ 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
BAKER, WILLIAM F JR 2051 MORNINSIDE DR. MOUNT DORA FL 32757	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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAKER GROVES, INC.		NAME		
STREET ADDRESS	PO BOX 163		STREET ADDRESS	U00000082273	
CITY-ST-ZIP	MOUNT DORA FL 32756-0163		CITY-ST-ZIP	03/09/04-80023-001 50.00	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	L.D.S.C.R. VI, INC.		NAME		
STREET ADDRESS	PO BOX 707		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32756-0707		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: William B [signature] 2/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #