


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018351

1. Entity Name
BAKER - GC DEVELOPMENT, L.L.C.



Principal Place of Business
**2051 MORNINSIDE DR.
 MOUNT DORA, FL 32757**

Mailing Address
**2051 MORNINSIDE DR.
 MOUNT DORA, FL 32757**

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

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

**BAKER, WILLIAM F JR
 2051 MORNINSIDE DR.
 MOUNT DORA, FL 32757**

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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, 2005**

U00000175872
 01/10/05-80068-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER GROVES, INC. PO BOX 163 MOUNT DORA, FL 327560163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM L.D.S.C.R. VI, INC. PO BOX 707 MOUNT DORA, FL 327560707
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TITLE NAME STREET ADDRESS 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: William Baker Jr. **1/7/05** **352-383-5600**

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