# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 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

01312008No Chg-LLC CR2E083 (12/07)

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

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

000000829887
02/26/08-80060-025 138.75

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | BAKER GROVES, INC. |
| STREET ADDRESS | PO BOX 163 |
| CITY-ST-ZIP | MOUNT DORA, FL 327560163 |
| TITLE | MGRM |
| NAME | L.D.S.C.R. VI, INC. |
| STREET ADDRESS | PO BOX 707 |
| CITY-ST-ZIP | MOUNT DORA, FL 327560707 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| 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 exemptions contained in Chapter 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.

**SIGNATURE:** William Baker 2/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #