
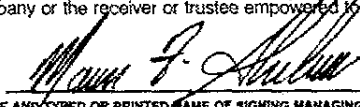


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L02000023013 1. Entity Name BAUM, L.L.C.		
Principal Place of Business 500 VONDERHENG DRIVE BRANDON, FL 33511	Mailing Address 500 VONDERHENG DRIVE BRANDON, FL 33511	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET STE. 102 CLEARWATER, FL 33756		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHIENBAUM, MARVIN F 500 VONDERBERG DR STE 110W BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		1/17/07 <small>Date</small> 813 681 5709 <small>Daytime Phone #</small>



01182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0035603	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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01/26/07-80017-018 50.00

**DO NOT WRITE
IN THIS SPACE**