

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024095

**FILED**  
**Mar 02, 2005**  
**Secretary of State**

**Entity Name:** BARON COMMERCIAL INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD., SOUTH, BLDG #1200  
JACKSONVILLE, FL

**New Principal Place of Business:**

PO BOX 55095  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 55095  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 20-1210026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA WOMEN'S CENTER, INC.  
3599 UNIVERSITY BLVD., SOUTH, BLDG #1200  
JACKSONVILLE, FL US

**Name and Address of New Registered Agent:**

BCI, LLC  
PO BOX 55095  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: P. KELLY

03/02/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALL FLORIDA WOMEN'S, CENTER, INC.  
Address: 3599 UNIVERSITY BLVD., SOUTH, BLDG #1200  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BCI LLC,  
Address: PO BOX 55095  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: P KELLY

MGR

03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date