


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031129 1. Entity Name FORM WORKS/BAKER JV, LLC	
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Principal Place of Business
4951 S. W 34TH PLACE
FORT LAUDERDALE, FL 33314

Mailing Address
900 N GARVER RD
MONROE, OH 45050

DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
42-1562305

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNNOE, JULIAN
4951 SW 34TH PLACE
FORT LAUDERDALE, FL 33314

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARKS, DONALD M 4951 SW 34TH PLACE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEATH, KENNETH 4951 SW 34TH PLACE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRIESHABER, JOHN 4951 SW 34TH PLACE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORR, JOSEPH 900 N GARVER RD MONROE, OH 45050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENSON, GARY 900 N GARVER RD MONROE, OH 45050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHNEIDER, MIKE 900 N GARVER RD MONROE, OH 45050

000000013634
01/26/04-80061-015 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mike Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/21/04

513-539-4110