

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031129

1. Entity Name
FORM WORKS/BAKER JV, LLC



Principal Place of Business
4951 S. W 34TH PLACE
FORT LAUDERDALE, FL 33314

Mailing Address
900 N GARVER RD
MONROE, OH 45050



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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, 2005**

U00000182438
01/19/05-80027-013 50.00

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

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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)(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:

Mike Schneider

1-10-05

513-539-4500

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

Date

Daytime Phone #