

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000031129

FILED
Jun 22, 2009
Secretary of State**Entity Name:** FORM WORKS/BAKER JV, LLC**Current Principal Place of Business:**8321 N.W. 90TH STREET
MEDLEY, FL 33166**New Principal Place of Business:**4951 S W 34TH PLACE
FORT LAUDERDALE, FL 33314**Current Mailing Address:**900 N GARVER RD
MONROE, OH 45050**New Mailing Address:****FEI Number:** 42-1562305**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GUNNOE, JULIAN
4951 SW 34TH PLACE
FORT LAUDERDALE, FL 33314 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: MARKS, DONALD M
Address: 8321 N.W. 90TH STREET
City-St-Zip: MEDLEY, FL 33166Title: MGR () Delete
Name: HEATH, KENNETH
Address: 8321 N.W. 90TH STREET
City-St-Zip: MEDLEY, FL 33166Title: MGR () Delete
Name: GRIESHABER, JOHN
Address: 8321 N.W. 90TH STREET
City-St-Zip: MEDLEY, FL 33166Title: MGR () Delete
Name: ORR, JOSEPH
Address: 8321 N.W. 90TH STREET
City-St-Zip: MEDLEY, FL 33166Title: MGR () Delete
Name: FAYER, GARY
Address: 8321 N.W. 90TH STREET
City-St-Zip: MEDLEY, FL 33166Title: MGR () Delete
Name: MARTIN, STEVE
Address: 900 N GARVER RD
City-St-Zip: MONROE, OH 45050**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR (X) Change () Addition
Name: BELL, THOMAS J
Address: 900 N GARVER RD
City-St-Zip: MONROE, OH 45050Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVE MARTIN

MGR

06/22/2009

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