

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90117 043 ****50.00

DOCUMENT # L02000035068

1. Entity Name

BAXANN, LLC



Principal Place of Business

389 SOUTH LAKE DRIVE, NO. 4F
PALM BEACH LAKES FL 33480

Mailing Address

389 SOUTH LAKE DRIVE, NO. 4F
PALM BEACH LAKES FL 33480

24043806



MOORE

CR2E083 (11/03)

2. Principal Place of Business

389 S. Lake Drive

Suite, Apt. #, etc.

4-F

3. Mailing Address

389 S. Lake Drive No 4F

Suite, Apt. #, etc.

4F

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, BAXTER
389 S LAKE DR #4F
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS, MANAGERS

TITLE MGRM
NAME WEBB, E. BAXTER
STREET ADDRESS 389 SOUTH LAKE DRIVE, NO. 4F
CITY-ST-ZIP PALM BEACH LAKES FL 33480

☐ Delete

TITLE MGRM
NAME WEBB, ANN C
STREET ADDRESS 389 SOUTH LAKE DRIVE, NO. 4F
CITY-ST-ZIP PALM BEACH LAKES FL 33480

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: E. Baxter Webb Ann C. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 14 2004 561-833-2522