2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L02000035068

Entity Name: BAXANN, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

389 SOUTH LAKE DRIVE,
#4F
PALM BEACH, FL 33480

Current Mailing Address:

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

New Mailing Address:

389 SOUTH LAKE DRIVE,
#4F
PALM BEACH, FL 33480

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEBB, BAXTER
389 S LAKE DRIVE
#4F
PALM BEACH, FL 33480 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: 04/16/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEBB, E. BAXTER
Address: 389 SOUTH LAKE DRIVE, NO. 4F
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM ( ) Delete
Name: WEBB, ANN C
Address: 389 SOUTH LAKE DRIVE, NO. 4F
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEBB, BAXTER
Address: 389 SOUTH LAKE DRIVE, NO. 4F
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BAXTER WEBB MGRM 04/16/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date