

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001799

Entity Name: BAKER COMMUNICATIONS, LLC

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5401 KIRKMAN ROAD, SUITE 610  
ORLANDO, FL 32819

**New Principal Place of Business:**

6450 KINGS POINTE PARKWAY, UNIT 9  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 KIRKMAN ROAD, SUITE 610  
ORLANDO, FL 32819

**New Mailing Address:**

6450 KINGS POINTE PARKWAY, UNIT 9  
ORLANDO, FL 32819

FEI Number: 36-4522191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BAKER, STEVEN R  
5401 KIRKMAN ROAD, SUITE 610  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

BAKER, STEVEN R  
6450 KINGS POINTE PARKWAY, UNIT 9  
ORLANDO, FL 32819 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: STEVEN R. BAKER

04/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAKER, STEVEN R MR..  
Address: 5401 KIRKMAN RD STE 610  
City-St-Zip: ORLANDO, FL 32819 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BAKER, STEVEN R MR..  
Address: 6450 KINGS POINTE PARKWAY, UNIT 9  
City-St-Zip: ORLANDO, FL 32819 US

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: STEVEN R. BAKER

MGRM

04/11/2007

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