

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014001

FILED
Jan 16, 2007
Secretary of State

Entity Name: BAKER THOMAS PROPERTIES, LLC

Current Principal Place of Business:

298 S. NOVA ROAD
STE. 101
ORMOND BEACH, FL 32174

Current Mailing Address:

298 S. NOVA ROAD
STE. 101
ORMOND BEACH, FL 32174

New Principal Place of Business:

298 S. NOVA ROAD
STE. F
ORMOND BEACH, FL 32174

New Mailing Address:

298 S. NOVA ROAD
STE. F
ORMOND BEACH, FL 32174

FEI Number: 31-1819533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, TIMOTHY A
298 S. NOVA ROAD
STE. 101
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

THOMAS, TIMOTHY A
298 S. NOVA ROAD
STE. F
ORMOND BEACH, FL 32174 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:

01/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAKER, MARK A
Address: 85 WARWICK AVE.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: THOMAS, TIMOTHY A
Address: 141 FOREST QUEST
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAKER, MARK A
Address: 327 GROOVER CREEK CROSSING
City-St-Zip: ORMOND BEACH, FL 32174

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: TIMOTHY A THOMAS

MGRM

01/16/2007

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