

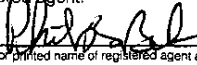
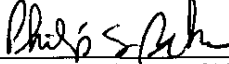


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90408 016 ****50.00

DOCUMENT # L03000032145					
1. Entity Name BAKER PROPERTY HOLDINGS, L.L.C.					
Principal Place of Business 1499 SW 30TH AVE, STE 17 BOYNTON BEACH, FL 33426			Mailing Address 1499 SW 30TH AVE, STE 17 BOYNTON BEACH, FL 33426		
2. Principal Place of Business 2951 SE DOMINICA TERR Suite, Apt. #, etc.		3. Mailing Address 2951 SE DOMINICA TERR Suite, Apt. #, etc.			
City & State STUART FL		City & State STUART FL		4. FEI Number 20-0191402	
Zip 34997		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EISENSMITH, JEFFREY R P.A. ONE FINANCIAL PLAZA, STE. 1600 FORT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name: PHILIP F. BAKER Street Address (P.O. Box Number is Not Acceptable): 2951 SE DOMINICA TERR City: STUART FL Zip Code: 34997		
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:  Philip F. Baker DATE: 4/14/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME BAKER, DENNIS A STREET ADDRESS 1499 SW 30TH AVE, STE 17 CITY-ST-ZIP BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		TITLE BAKER, DENNIS A NAME 718-8NE 12 TERRACE STREET ADDRESS BOYNTON BEACH, FL 33435 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME BAKER, PHILIP F STREET ADDRESS 1499 SW 30TH AVE, STE 17 CITY-ST-ZIP BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		TITLE BAKER, PHILIP F NAME 6773 ASHBURN ROAD STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Philip F Baker			Date: 4/14/04 Daytime Phone #: (772) 463 1992		