

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000053735

1. Entity Name
BARON 18452, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 AM 10:40

Principal Place of Business
**24 PARADISE LANE
TREASURE ISLAND, FL 33706**

Mailing Address
**24 PARADISE LANE
TREASURE ISLAND, FL 33706**

DO NOT WRITE IN THIS SPACE

01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1059358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JOHN E
101 E KENNEDY BLVD, STE 2700
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

500054043355
05/09/05--01021--003 **200.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STEPHENS, DOROTHY A
24 PARADISE LN
TREASURE ISLAND, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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: *Dorothy Stephens* **Dorothy Stephens** **1/10/05** **727-360-6311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #