

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90346 002 \*\*\*\*50.00

**60036949**



01052007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000060526</b> 1. Entity Name <b>BACI ASSOCIATES, LLC</b>					
Principal Place of Business <b>103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301</b>			Mailing Address <b>103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business - No P.O. Box # <b>6 Winona Lane</b>		3. Mailing Address <b>6 Winona Lane</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sea Ranch Lakes, FL</b>		City & State <b>Sea Ranch Lakes, FL</b>		4. FEI Number <b>11-3742143</b>	
Zip <b>33308</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR STROGEN, CHARLES P 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR STROGEN, GAYLE H 163 NORTH MERIDIAN ST TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.					
<b>SIGNATURE</b> <span style="float: right; text-align: right;"> <b>4/16/07</b> </span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					