

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90018 022 \*\*\*138.75

60000312



<b>DOCUMENT # L04000083315</b> 1. Entity Name <b>FANIDA BAKER PROPERTIES, LLC</b>					
Principal Place of Business <b>EDWARD C. ELLETT</b> <b>905 N.W. 56TH TERRACE, #A</b> <b>GAINESVILLE, FL 32605-6408</b>			Mailing Address <b>EDWARD C. ELLETT</b> <b>905 N.W. 56TH TERRACE, #A</b> <b>GAINESVILLE, FL 32605-6408</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01032008    Chg-LLC    CR2E083 (12/06)	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2558111</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ELLETT, EDWARD C</b> <b>905 N.W. 56TH TERRACE, #A</b> <b>GAINESVILLE, FL 32605-6408</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reconstituting)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLETT, EDWARD C 905 N.W. 56TH TERRACE, #A GAINESVILLE, FL 326056408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, ROBERT F 620 N.W. 16TH AVENUE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, ROBERT F 5331 NW 1st PL GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, ROBERT F 5331 NW 1st PL GAINESVILLE, FL 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, ROBERT F 5331 NW 1st PL GAINESVILLE, FL 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, ROBERT F 5331 NW 1st PL GAINESVILLE, FL 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 608, Florida Statutes.					
SIGNATURE: <u>Edward C. Ellett</u> Jan. 3, 2008      352 331 8044					