

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087349

FILED  
Feb 13, 2006  
Secretary of State

Entity Name: BAKER ENGINEERING & CONSULTING, P.L.

**Current Principal Place of Business:**

1628 SAN MARCO BLVD  
SUITE 13  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1628 SAN MARCO BLVD  
SUITE 13  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-1968652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, TAMARA G P.E.  
1628 SAN MARCO BLVD  
SUITE 13  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAKER, TAMARA G P.E.  
Address: 1628 SAN MARCO BLVD, SUITE 13  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: KLEIN, DEBRA P P.E.  
Address: 1628 SAN MARCO BLVD, SUITE 13  
City-St-Zip: JACKSONVILLE, FL 32207

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: TAMARA G. BAKER, P.E.      MGRM      02/13/2006

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