## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000008108

1. Entity Name
BARONESS INVESTMENTS, LLC



May 02, 2007 08:00 A Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

1248 SW 12TH STREET BOCA RATON, FL 33486 1248 SW 12TH STREET BOCA RATON, FL 33486



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
26-2293033	Not Applicab
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRUDEN, JAMES L ESQ. 980 N. FEDERAL HWY., SUITE 404 BOCA RATON, FL 33432

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
0.0	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		U00000757942 05/23/07-80090-022 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	DANCIU, CHARLOTTE		
STREET ADDRESS	410 HIGH STREET		
CITY - ST- ZIP	BOCA RATON, FL 33432	•	

IIIŒ	MGRM
NAME	DANCIU, CHARLOTTE
STREET ADDRESS	410 HIGH STREET
CITY - ST- ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	RICCOBONO, MARIE
STREET ADDRESS	1248 SW 12TH STREET
CITY - ST - ZIP -	BOCA RATON, FL 33486
TITLE	
NAME	* * * * * * * * * * * * * * * * * * *
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,
CITY - ST - ZIP	
TIME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
MILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. 7IP	

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11.	<ol> <li>I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida S</li> </ol>	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 a	am a managing r	nember 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:	Tarie Riccoloro	april 27 2007		305) 788-8878
	OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHO	NIZED REPRESENTATIVE	Date	— Daysme Phone #