


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000014341 1. Entity Name BAEHR NECESSITIES, LLC	
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Principal Place of Business 4084 AUGUSTINE ROAD SPRING HILL, FL 34609 US	Mailing Address 4084 AUGUSTINE ROAD SPRING HILL, FL 34609 US
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DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2335222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAEHR, ROBERT A
4084 AUGUSTINE ROAD
SPRING HILL, FL 34609

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAEHR, ROBERT A 4084 AUGUSTINE ROAD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAEHR, BARBARA J 4084 AUGUSTINE ROAD SPRING HILL, FL 34609
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01/09/07-80029-025 50.00

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:  **BARBARA J. BAEHR** **1/4/07** **352-686-0305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #