

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019409

Entity Name: BAXTER PARTNERS, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

11911 US HIGHWAY ONE, SUITE 201
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

5500 MILITARY TRAIL
SUITE 22-209
JUPITER, FL 33458

Current Mailing Address:

11911 US HIGHWAY ONE, SUITE 201
NORTH PALM BEACH, FL 33408

New Mailing Address:

5500 MILITARY TRAIL
SUITE 22-209
JUPITER, FL 33458

FEI Number: 83-0420996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: BRACK, RILEY N JR
Address: 521 31ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: GOZZO, PAUL M
Address: 113 INNER HARBOUR WAY
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRACK, RILEY N JR
Address: 124 JESUP LANE
City-St-Zip: JUPITER, FL 33458

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

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: R. NICHOLAS BRACK

MGRM

04/27/2006

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