2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000030880

1. Entity Name
BALDWIN INVESTMENT GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-19-2007 90033 007 ****50.00

07 JUL -3 PM 2:59

4UU1U660

Principal Place of Business	Mailing Address
~~370 W. COCOA BEACH CSWY~~ ~~COCOA BEACH, FL 32931~~ US	P.O. BOX 542804 — OK MERRITT ISLAND, FL 32954

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
450 Riverside Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt island	City & State
Zip: 32953 Country:	Zip: Country:

03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-3508234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALDWIN, CALVIN D ~~370 COCOA BEACH CSWY~~ ~~COCOA BEACH, FL 32931~~	Name: BALDWIN, CALVIN D Street Address (P.O. Box Number is Not Acceptable): 450 RIVERSIDE AVE City: MERRITT ISLAND FL Zip Code: 32953

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 [signature] 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BALDWIN, CALVIN D ~~370 COCOA BEACH CSWY~~ ~~COCOA BEACH, FL 32931~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BALDWIN, CALVIN D PO BOX 542804 MERRITT ISLAND, FL 32954 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BALDWIN, DEBRA ~~370 COCOA BEACH CSWY~~ ~~COCOA BEACH, FL 32931~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BALDWIN, DEBRA PO BOX 542804 MERRITT ISLAND, FL 32954 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Debra Baldwin 4/16/07 321-720-4174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #