

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90080 036 ****55.00

DOCUMENT # L05000031406					
1. Entity Name BARON DEVELOPMENT GROUP LLC					
Principal Place of Business 5334 CENTRAL FLORIDA PARKWAY SUITE 141 ORLANDO, FL 32821			Mailing Address 5334 CENTRAL FLORIDA PARKWAY SUITE 141 ORLANDO, FL 32821		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01262006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent BARON, BRADLEY M 5334 CENTRAL FLORIDA PARKWAY SUITE 141 ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
BARON, BRADLEY M 5334 CENTRAL FLORIDA PARKWAY SUITE 141 ORLANDO, FL 32821				FL Zip Code	
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 re-registering)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARON, BRADLEY M 5334 CENTRAL FLORIDA PARKWAY, SUITE 141 ORLANDO, FL 32821				
<input type="checkbox"/> Delete					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <i>Bradley M Baron Manager</i> 1/26/06 (407) 289-8947					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					