2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L05000038941 03-27-2007 90196 021 ****50.00 LAKE BALDWIN PROPERTIES, LLC Principal Place of Business Mailing Address **60023330** 5511 HANSEL AVE 5511 HANSEL AVE ORLANDO, FL 32809 ORLANDO, FL 32809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 570 LAKE BAWWW LANE 1570 CAKE BALDWIN CA. Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 Chg-LLC CR2E083 (12/06) SU ITE SUITE City & State 4. FEI Number Applied For City & State h 42-1666321 Not Applicable Country ZiΩ Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Russeu RUSSELL, DOUGLAS R 5511 HANSEL AVE ORLANDO, FL 32809 Zip Code 3/4 ORLANDO 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 Russiu Manager Joubets Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGAM MGRM ☐ Addition TITLE ☐ Delete TITLE Change DOUGLAS A. KUSSÉLL RUSSELL, DOUGLAS R NAME NAME 1870 LAKE BALDWIN LAND STC. STREET ADDRESS 5511 HANSEL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32809 ORCANDO. TITLE ✓ Change Addition TITLE ☐ Delete ROBERT L. SECAIST SECRIST, ROBERT L NAME NAME 1570 LAKE BACKWIN LANE 5511 HANSEL AVE STC. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete ☐ Change TITLE HOOKER, MARONS NAME NAME STREET ADDRESS 5511 HANSEL AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE ARTERBURN, JAMES S. NAME NAME 5511 HANSEL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver by trusting empowered to execute this report as required by Chapter 608, Florida Statutes.

Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED Mar 27, 2007 8:00 am