

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058792

FILED
Mar 05, 2008
Secretary of State

Entity Name: BALDWIN NATIONAL, LLC

Current Principal Place of Business:

9540 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 23637
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMACK, JAMES E
9540 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 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: M () Delete
Name: WILSON, KENNETH P
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: M () Delete
Name: LUEDERS, JACK C JR
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: M () Delete
Name: MCCORMACK, JAMES E
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: P () Delete
Name: WILSON, KENNETH P
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP () Delete
Name: LUEDERS, JACK C JR
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S () Delete
Name: MCCORMACK, JAMES E
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E MCCORMACK

S

03/05/2008

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