

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058792

Entity Name: BALDWIN NATIONAL, LLC

FILED  
Apr 29, 2009  
Secretary of State

## 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: MGR (X) Change ( ) Addition  
Name: WILSON, KENNETH P  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGR (X) Change ( ) Addition  
Name: LUEDERS, JACK C JR  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR (X) Change ( ) Addition  
Name: MCCORMACK, JAMES E  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257 US

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

04/29/2009

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