

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000077863

1. Entity Name

BAKER FARM 25, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:59

Principal Place of Business

4300 LEGENDARY DRIVE, SUITE C-204
DESTIN FL 32541

Mailing Address

4300 LEGENDARY DRIVE, SUITE C-204
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

[Handwritten signature]



4. FEI Number

☒ 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

OLSON, RICHARD
4300 LEGENDARY DRIVE, SUITE C-204
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME *MBRM*
STREET ADDRESS *Richard Olson*
CITY-ST-ZIP *4300 Legendary Dr. Ste 204*
Destin, FL 32541

TITLE ☐ Delete
NAME *MBRM*
STREET ADDRESS *Elaine Olson*
CITY-ST-ZIP *4300 Legendary Dr. Ste 204*
Destin, FL 32541

TITLE ☐ Delete
NAME *MBRM*
STREET ADDRESS *RtS Family Partnership, Ltd.*
CITY-ST-ZIP *1217 Airport Rd. Ste 419*
Destin, FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *900076302229*
CITY-ST-ZIP *06/19/06--01005--001 **2150.00*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 605, Florida Statutes.

SIGNATURE:

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

4-28-06

850-650-2858

Date

Daytime Phone #