2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # L05000084066 04-05-2006 90022 027 ****50.00 BAKER'S CONSTRUCTION COMPANY LLC Principal Place of Business Mailing Address 3690 BURBANK RD. 3690 BURBANK RD. MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 36-4578782 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 3690 BURBANK RD. MARIANNA FL 32446 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE **MGRM** ☐ Delete Change Addition NAME BAKER, ARTHUR L STREET ADDRESS STREET ADDRESS 3690 BURBANK RD CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Addition ☐ Chanσe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 608, Florida Statutes. 850 5847441

CITY-ST-ZIP

AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED