


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90197 015 ****50.00

DOCUMENT # L05000096172

1. Entity Name
BAKER LEE INVESTMENTS, LLC



Principal Place of Business
**9792 GRAND DUKE CIRCLE
 TAMARAC, FL 33321**

Mailing Address
**9792 GRAND DUKE CIRCLE
 TAMARAC, FL 33321**

2. Principal Place of Business
6877 NW 81ST COURT

3. Mailing Address
6877 NW 81ST COURT

Suite, Apt. #, etc.

City & State
PARKLAND, FLORIDA

City & State
PARKLAND, FLORIDA

Zip Country
33067-2497 BROWARD

Zip Country
33067-2497 BROWARD



01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3638552

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, PATRICIA
 9792 GRAND DUKE CIRCLE
 TAMARAC, FL 33071**

7. Name and Address of New Registered Agent

Name
SANDRA M. BARNABY-LEE

Street Address (P.O. Box Number is Not Acceptable)
6877 NW 81ST COURT

PARKLAND

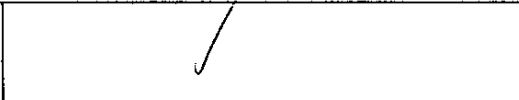
City **FL** Zip Code **33067-2497**

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]* DATE **2/22/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2006**



**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, PATRICIA 9792 GRAND DUKE CIRCLE TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M SANDRA M. BARNABY-LEE 6877 NW 81ST COURT PARKLAND, FL 33067-2497 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARD JAMAAL LEE MGR 6877 NW 81ST COURT PARKLAND, FL 33067-2497 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **2/22/06** (954) 592-0942

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