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Secretary of State

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05-01-2006 90061 023 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000108437

1. Entity Name
BAKER 900, LLC

30011201

Principal Place of Business	Mailing Address
1111 PARK CENTER BLVD. SUITE #453 MIAMI, FL 33169 US	1111 PARK CENTER BLVD. SUITE #453 MIAMI, FL 33169 US
2. Principal Place of Business 1250 E. HALLANDALE BEACH BLVD	3. Mailing Address 1250 E. HALLANDALE BEACH BLVD
Suite, Apt. #, etc. SUITE 404	Suite, Apt. #, etc. SUITE 404
City & State HALLANDALE B. FL.	City & State HALLANDALE B. FL.
Zip 33009 Country US.	Zip 33009 Country US

02102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4929450 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL FELDMAN, P.A.
407 LINCOLN ROAD, SUITE 701
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name ADAR, AMRAM
Street Address (P.O. Box Number is Not Acceptable) 1250 E HALLANDALE BEACH BLVD, SUITE 404
City HALLANDALE FL Zip Code 33009

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM MANAGING MEMBER.	☒ Change ☐ Addition
NAME	ADAR, AMRAM		NAME	ADAR, AMRAM	
STREET ADDRESS	1111 PARK CENTER BLVD. #453		STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD., SUITE 404	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ____ AMRAM ADAR April 27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #