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Jun 26, 2006 8:00 am
Secretary of State
05-01-2006 90061 025 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000110721

1. Entity Name
BAKER A-W, LLC

30011197

Principal Place of Business	Mailing Address
1785 SWARTHMORE AVENUE LAKEWOOD, NJ 08701	1785 SWARTHMORE AVENUE LAKEWOOD, NJ 08701

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1250 E. HALLANDALE BEACH BLVD		1250 E HALLANDALE BEACH BLVD	
Suite, Apt. #, etc.: 404		Suite, Apt. #, etc.: 404	
City & State: HALLANDALE, FL		City & State: HALLANDALE, FL	
Zip: 33009	Country: USA	Zip: 33009	Country: USA

4. FEI Number: 20-4960259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GENET, CHAVA E
150 WEST FLAGLER STREET, SUITE 2200
MUSEUM TOWER
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: ADAR, AHRAM
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM. MANAGING MEMBER ADAR, AHRAM 1250 E. HALLANDALE BEACH BLVD. SUITE 404 HALLANDALE, FL 33009 ☐ 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
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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: AHRAM ADAR APRIL 27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #