

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110721

Entity Name: BAKER A-W, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVENUE 7TH FLOOR
AVENTURA, FL 33180

New Principal Place of Business:

1921 DEWEY PLACE
JACKSONVILLE, FL 32207

Current Mailing Address:

18851 NE 29TH AVENUE 7TH FLOOR
AVENTURA, FL 33180

New Mailing Address:

1921 DEWEY PLACE
JACKSONVILLE, FL 32207

FEI Number: 20-4960259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANKRY, AARON
3722 NE 199 STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

BLACKBURN, BRYAN
1921 DEWEY PLACE
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: BRYAN BLACKBURN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANKRY, AARON
Address: 3722 NE 199 STREET
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOOTEN, THOMAS
Address: 403 TARPON AVENUE, UNIT 404
City-St-Zip: FERNANDINA BEACH, FL 32043

Title: MGRM () Change (X) Addition
Name: WOOTEN, OLIN
Address: RT. 5, BOX 1635
City-St-Zip: HAZELHURST, GA 31539

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS WOOTEN

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date