

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117154

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** FALCON BALDWIN PARTNERS, LLC

**Current Principal Place of Business:**

1951 NW 19TH STREET, SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1951 NW 19TH STREET, SUITE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BLOODWORTH, SUSAN S ESQ  
ROBERS, TOWER, P.A.  
170 MALAGA STREET  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FALCONE, ARTHUR  
Address: 1951 NW 19TH STREET SUITE 200  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR FALCONE

MGR

04/28/2006

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