

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90038 033 \*\*\*\*50.00

**60055601**



08242007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000004495</b> 1. Entity Name <b>BALDWIN &amp; SONS, LLC</b>					
Principal Place of Business <b>3315 JEAN CIRCLE TAMPA, FL 33629</b>			Mailing Address <b>3315 JEAN CIRCLE TAMPA, FL 33629</b>		
2. Principal Place of Business - No P.O. Box # <b>3417 S. Beach Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>3417 S. Beach Drive</b> Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>16-1746544</b>	
Zip <b>33629</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COHEN, V S ESQ WILLIAMS SCHIFINO MANGIONE &amp; STEADY, P.A. ONE TAMPA CITY CENTER, STE. 2600 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>Williams Schifino Mangione &amp; Steady, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o V. Stephen Cohen, Esq.</b> <b>One Tampa City Center, Suite 3200</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>8/28/07</b>	
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to: Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
[Blank]			<b>MGRM John I. Baldwin 3417 S. Beach Drive, Tpa, FL 33629</b>		
[Blank]			[Blank]		
[Blank]			[Blank]		
[Blank]			[Blank]		
[Blank]			[Blank]		
[Blank]			[Blank]		
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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date: _____ Daytime Phone # _____</small>					