2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 30, 2008 08:00 AM Secretary of State

DOCUMENT # L06000033931 Entity Name BALDWIN VIRTUAL DEVELOPMENT LLC

Principal Place of Business

18908 CHAVILLE ROAD LUTZ, FL 33558

Mailing Address

18908 CHAVILLE ROAD LUTZ, FL 33558



DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC CR2E083 (12/07)

Applied For 4. FEI Number 20-4795277 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, THEODORE 2 18908 CHAVILLE ROAD LUTZ, FL 33558

9.

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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		1	, ,	· .	
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	١		_
SIGNATURE					:
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 the obligations of registered agent.		: I am fami	iliar with, a	nd acce	ot

MGRM TITLE NAME BALDWIN, THEODORE S 18908 CHAVILLE ROAD STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558 MGRM TITLE BALDWIN, DIANE NAME STREET ADDRESS 18908 CHAVILLE ROAD CITY-ST-ZIP LUTZ, FL 33558 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE

MANAGING MEMBERS/MANAGERS

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE