

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065922

FILED
Jan 07, 2008
Secretary of State

Entity Name: BAKER PROPERTY GROUP, LLC

Current Principal Place of Business:

926 GULF VALLEY DRIVE
APOPKA, FL 32712 US

New Principal Place of Business:

7985 113TH ST. N.
SUITE 325
SEMINOLE, FL 33772 US

Current Mailing Address:

926 GULF VALLEY DRIVE
APOPKA, FL 32712 US

New Mailing Address:

7985 113TH ST. N.
SUITE 325
SEMINOLE, FL 33772 US

FEI Number: 20-5132256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, SHERIFF M
926 GULF VALLEY DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

BAKER, SHERIFF M
7985 113TH ST. N.
SUITE 325
SEMINOLE, FL 33772 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: SHERIFF M. BAKER

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKER, SHERIFF M
Address: 926 GULF VALLEY DRIVE
City-St-Zip: APOPKA, FL 32712 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAKER, SHERIFF M
Address: 7985 113TH ST. N., SUITE 325
City-St-Zip: SEMINOLE, FL 33772 US

Title: MGR () Change (X) Addition
Name: BAKER, RONIA
Address: 7985 113TH ST. N., SUITE 325
City-St-Zip: SEMINOLE, FL 33772

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: SHERIFF M BAKER

MGR

01/07/2008

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