



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 002 ****50.00

DOCUMENT # L06000102700 1. Entity Name BASELINE COURT FLORIDA, LLC					
Principal Place of Business C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907				Mailing Address C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 14220 Royal Harbour Ct Suite, Apt. #, etc. S10 City & State Fort Myers, Florida Zip B3908		3. Mailing Address 14220 Royal Harbour Ct Suite, Apt. #, etc. S10 City & State Fort Myers, Florida Zip 33908			
02282007 Chg-LLC CR2E083 (12/06)				4. FEI Number 20-8424450	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DORAGH, PETE C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7011 Cypress Terrace Ste 103 City Fort Myers		
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.			FL Zip Code 33907		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete NAME DORAGH, PETE STREET ADDRESS 7800 UNIVERSITY POINTE DRIVE, SUITE 100 CITY-ST-ZIP FORT MYERS, FL 33907	TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Frank D'Alessandro STREET ADDRESS 14220 Royal Harbour Ct #510 CITY-ST-ZIP Fort Myers, Florida 33908				
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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.					
Frank D'Alessandro, mgr					
SIGNATURE: <i>[Signature]</i> Manager				2/28/07 239/425-8469	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	