

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104574

Entity Name: BARUCH FINANCIAL LLC

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

6167 NW 181 TERRACE CIRCLE NORTH
MIAMI LAKES, FL 33015

New Principal Place of Business:

3220 FAIRLANE FARMS ROAD
SUITE 300
WELLINGTON, FL 33414

Current Mailing Address:

6167 NW 181 TERRACE CIRCLE NORTH
MIAMI LAKES, FL 33015

New Mailing Address:

3220 FAIRLANE FARMS ROAD
SUITE 300
WELLINGTON, FL 33414

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, TESHA
6167 NW 181 TERRACE CIRCLE NORTH
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

ALLISON, TESHA
3220 FAIRLANE FARMS ROAD
SUITE 300
WELLINGTON, FL 33414 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: TESHA ALLISON

03/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLISON, TESHA E
Address: 6167 NW 181 TERRACE CIRCLE NORTH
City-St-Zip: MIAMI LAKES, FL 33015

Title: MGRM () Delete
Name: ROSE, ALBERT E II
Address: 6167 NW 181 TERRACE CIRCLE NORTH
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLISON, TESHA E
Address: 3220 FAIRLANE FARMS ROAD, SUITE 300
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Change () Addition
Name: ROSE, ALBERT E II
Address: 3220 FAIRLANE FARMS ROAD, SUITE 300
City-St-Zip: WELLINGTON, FL 33414

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: TESHA ALLISON

MGRM

03/19/2007

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