

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115957

FILED  
May 01, 2008  
Secretary of State

Entity Name: DANIEL J BAKER SERVICES LLC

**Current Principal Place of Business:**

35247 HARBOR SHORES RD  
LEESBURG, FL 34788

**New Principal Place of Business:**

3434 N.E. 33RD AVE.  
OCALA, FL 34479

**Current Mailing Address:**

35247 HARBOR SHORES RD  
LEESBURG, FL 34788

**New Mailing Address:**

3434 N.E. 33RD AVE.  
OCALA, FL 34479

FEI Number: 71-1016193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BAKER, DANIEL J  
35247 HARBOR SHORES RD  
LEESBURG, FL 34788      US

**Name and Address of New Registered Agent:**

BAKER, DANIEL J  
3434 N.E. 33RD AVE.  
OCALA, FL 34479      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: DANIEL BAKER

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAKER, DANIEL J  
Address: 35247 HARBOR SHORES RD  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BAKER, DANIEL J  
Address: 3434 N.E. 33RD AVE.  
City-St-Zip: OCALA, FL 34479

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: DANIEL BAKER

MGRM

05/01/2008

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