2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
02-18-2008 90079 024 ***138.75

DOCUMENT # L07000045858

1. Entity Name
BAROQUE DEVELOPERS, LLC

Principal Place of Business	Mailing Address
3450 W 84 ST #201 HIALEAH, FL 33018	3450 W 84 ST #201 HIALEAH, FL 33018

02082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8945246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAVERAN, NELSON 3450 W 84 ST #201 HIALEAH, FL 33018	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
MGR Nelson Graveran 3450 W 84 ST #201 Hialeah, Fl 33018		MGR Nelson Graveran 3450 W 84 ST #201 Hialeah, Fl 33018	
MGR I. Cristina Graveran 3450 W 84 ST #201 Hialeah, Fl 33018	☐ Delete	MGR I. Cristina Graveran 3450 W 84 ST #201 Hialeah, Fl 33018	☐ Change ☑ Addition
MGR Jeannie Graveran 3450 W 84 ST #201 Hialeah, Fl 33018	☐ Delete	MGR Jeannie Graveran 3450 W 84 ST #201 Hialeah, Fl 33018	☐ Change ☑ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: _____ 2/15/08 305-557-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #