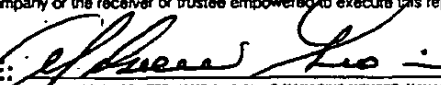


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2/ 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 3450 W 84 ST #201 HIALEAH, FL 33018			Mailing Address 3450 W 84 ST #201 HIALEAH, FL 33018		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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	MGR Nelson Graveran 3450 W 84 ST #201 Hialeah, FL 33018 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nelson Graveran 3450 W 84 ST #201 Hialeah, FL 33018 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR I. Cristina Graveran 3450 W 84 ST #201 Hialeah, FL 33018 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR I. Cristina Graveran 3450 W 84 ST #201 Hialeah, FL 33018 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeannie Graveran 3450 W 84 ST #201 Hialeah, FL 33018 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeannie Graveran 3450 W 84 ST #201 Hialeah, FL 33018 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 #