

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90065 036 \*\*\*138.75

<b>DOCUMENT # L07000110412</b> 1. Entity Name <b>KEN BAKER ENTERPRISES LLC</b>					
Principal Place of Business <b>2715 ANDERSON ROAD</b> <b>MULBERRY, FL 33860 US</b>			Mailing Address <b>PO BOX 285</b> <b>NICHOLS, FL 33863 US</b>		
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		
6. Name and Address of Current Registered Agent  <b>BAKER, KENNETH J</b> <b>2715 ANDERSON ROAD</b> <b>MULBERRY, FL 33860</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>BAKER, KENNETH J</b> <b>2715 ANDERSON ROAD</b> <b>MULBERRY, FL 33860</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>Kenneth J Baker</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>1-24-08</b> <small>Date Daytime Phone #</small>		

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4. FEI Number **38-3768367** Applied For ☐ Not Applicable ☐

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