

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90025 042 ****50.00

DOCUMENT # M00000000786

1. Entity Name

BARON FALLS MANAGEMENT, LLC



Principal Place of Business

**ONE EAST LIVINGSTON AVENUE
COLUMBUS OH 43215-5700**

Mailing Address

**ONE EAST LIVINGSTON AVENUE
COLUMBUS OH 43215-5700**

2. Principal Place of Business

3250 Mary Street

Suite, Apt. #, etc.

Suite 306

3. Mailing Address

3250 Mary Street

Suite, Apt. #, etc.

Suite 306

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVINE, ALAN W ESQ.
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
STEINFURTH, PAUL C
3250 MARY ST., SUITE 306
MIAMI FL 33133**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #