


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000280

1. Entity Name
BAKER DISTRIBUTING COMPANY LLC



Principal Place of Business C/O WATSCO, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133	Mailing Address C/O WATSCO, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133
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04192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2246824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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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 reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, BARRY S 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENENDEZ, ANA M 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barry S. Logan* **BARRY S. LOGAN, MGR** 4/27/04 305 714 4119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #