

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90058 011 ****50.00

DOCUMENT # M0300000280	
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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20051590



2. Principal Place of Business 7892 BAYMEADOWS WAY Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04222005 Chg-LLC CR2E083 (10/03)

City & State JACKSONVILLE, FL	City & State
Zip 32256	Country USA

4. FEI Number 59-2246824	Applied For <input type="checkbox"/> Not Applicable
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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	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, BARRY S <input type="checkbox"/> Delete 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENENDEZ, ANA M <input type="checkbox"/> Delete 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANA M MENENDEZ **4/25/05** **305 714-4100**

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