2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURT	
DOCUMENT # M05000003515	FILED
1. Entity Name	
BALDRIDGE-KANN, L.L.C.	06 APR 13 PM 1: 37
	LALLAHAS CIE, FLORIDA
Principal Place of Business Mailing Address	TALLAJASCIE EL OBIDA
11825 MANCHESTER ROAD 11825 MANCHESTER ROAD	The state of the s
ST. LOUIS, MO 63131 ST. LOUIS, MO 63131	
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	03142006 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPA	4. FEI Number Applied For
	20-3040963 Not Applicable
	¢5.00
	5. Certificate of Status Desired 55.00 Additional Fee Required
6. Name and Address of Current Registered Agent	
PRICE, KELLY	DO NOT WRITE
27200 RIVERVIEW CENTER BLVD., SUITE 309 BONITA SPRINGS, FL 34134	
50M17 OF MINOS, 12 04704	IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its register	red 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: Registere	red Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006	
- 10 hg 1, 2000	
9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	
NAME BALDRIDGE, KENNETH R	
STREET ADDRESS 11825 MANCHESTER ROAD	1 de lulu
CITY-ST-ZIP ST. LOUIS, MO 63131	1 N. 1. 1
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NAME	
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the experience of the control of the contr	exemptions contained in Chapter 119, Florida Statutes, I further certify that the information
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this region is true and accurate and that my signature shall have the sai	exemptions contained in Chapter 119, Florida Statutes. I further certify that the information time legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this region is true and accurate and that my signature shall have the sai	ame legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report is true and accurate and that my signature shall have the sar limited liability company or the records on rosts. Sowered to execute this report.	ame legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this region is true and accurate and that my signature shall have the sai	Ime legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes. KENNETH R. BRURINGE 3/17/00 3/4-9/00-2300