


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90030 006 ****50.00

| | |
|---|---|
| DOCUMENT # M05000007140 1. Entity Name AIG BAKER TALLAHASSEE, L.L.C. |  |
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|---|---|
| Principal Place of Business 1701 LEE BRANCH LANE BIRMINGHAM, AL 35242 | Mailing Address 1701 LEE BRANCH LANE BIRMINGHAM, AL 35242 |
|---|---|

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01052007 No Chg-LLC

CR2E083 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 63-1108356 | 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM AIG BAKER SHOPPING CENTER PROPERTIES, LLC 1701 LEE BRANCH LANE BIRMINGHAM, AL 35242 |
| TITLE NAME STREET ADDRESS 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 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.

SIGNATURE:  **Alex D. Baker, President**

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