2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED May 11, 2007 8:00 am Secretary of State

		1121,2141	 			Secrete	PW A	f Cto) to
DOCUMENT # M0600000042 1. Entity Name BAKER SHOPPES 2, LLC						Secreta 05-11-2007	-		
Principal Place of Business 11900 SE FEDERAL HIGHWAY, SUITE 213 HOBE SOUND, FL 33455		Mailing Address 11900 SE FEDERAL HIGHWAY, SUITE 213 HOBE SOUND, FL 33455		13	b				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152007	Chg-LLC	CR2E08	33 (12/06)	
City & State		City & State			4. FEI Numb 20-381				oplied For of Applicable
Zip	Country	Zip	Country			of Status Desired		5.00 Add	ditional
-	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	gent	
ERIC M. S	AUERBERG. PA		Name	Hay	den f	Ridor	و		
200 VILLA	GE SQUARE CROSSING, STE	E 102	Street	Address (O. Box Numb	er is Not Acceptable	e)#(A)\((#21	2
PALM BEA	ACH GARDENS, FL 33410		——————————————————————————————————————	1-100	J.C. /-	PAEIW	<i>1100</i> y _	V FIC	<i></i>
			City /	110	<u> </u>	-1	FL	Zip Cod	سيس ا
8. The above	named extitoes about this statement for	r the purpose of changing its	registered office		SOUNC ed agent, or bo			1 33	and accept
the obligat	named entity and phits this statement for ions of exciptored agent.	, p	- 			1	,] ,		
						(リリカノ	n-1	
SIGNATURE.	Signature, typed or printed name of registered agent?	and title if applicable. (NOTE:	: Registered Agent sign	nature required	when reinstating)		DATE	0_/	
Fi	Ministure, typed or printed name of registered agents lling Fee is \$50.00 ue by May 1, 2007	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		ke check pa		
Fi	iling Fee is \$50.00		Registered Agent sign			Florid	ke check pa la Departme	nt of State	, , t
9.	iling Fee is \$50.00 ue by May 1, 2007 (*) MANAGING MEMBE MGR		10.			Florid	ke check pa la Departme	nt of State	e ☐ Addition
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9.	iling Fee is \$50.00 ue by May 1, 2007 (*) MANAGING MEMBE MGR	RS/MANAGERS	10.			Florid	ke check pa la Departme	nt of State	
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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:
SIGNATURE AND TYPED REPRESENTATIVE
SIGNATURE AND TYPED REPRESENTATIVE

4/17/07

72-546-3455

Daytime Phone #