2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

DOCUMENT # M0600006649 1. Entity Name AIG BAKER TALLAHASSEE COMMUNITIES, L.L.C.					Jan 31, 2007 08:00 Secretary of Sta
Principal Place of Business Mailing Address					
1701 LEE BRANCH LANE 1701 LEE BRANCH LAN BIRMINGHAM, AL 35242 BIRMINGHAM, AL 3524					
On William Contract	nine odere	Divinity in John	_		# (EDICEN) 711 ECHE ENIX EENX EENX ECH DEN) 30/10 ENIX 9111 E1910 (2027) 711 (EEX
2. Principal F	Place of Business - No P.O, Box#	3. Mailing Address			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			01052007 Chg-LLC CR2E083 (12/06)
City & State		City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired 55.00 Additional Fee Regulred
6. Name and Address of Curren		l			7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
				Street Addr	ess (P.O. Box Number is Not Acceptable)
				City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	nd title il applicable. (NOTE	Registere	d Agent signature is	quired when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State
9.	MANAGING MEMBER		10. Titu		ADDITIONS/CHANGES 1100000001 4379 □ Change □ Addition
NAME	AIG BAKER SHOPPING CENTER	Delete PROPERTIES LLC	NAM		U00000614379 □ Change □ Addition 02.706.707-80025-004 150.00
STREET ADDRESS				EET ADDRESS	52, 55, 51, 55525 551 15615
City-ST-ZIP	BIRMINGHAM, AL 35242	☐ Delete	TITL	-ST-ZIP	☐ Change ☐ Addition
NAME		□ Delete	NAM		Cuange Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP TITLE		☐ Delete	TITL	- ST-ZIP	☐ Change ☐ Addition
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CITY-ST-ZIP TITLE		□ balan	TITLE	-ST-ZIP	☐ Change ☐ Addition
NAME	☐ Delete		NAM	l l	
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
11. I hereby of indicated limited lia	certify that the information supplied with t on this report is flue and accurate and the ability company of the receiver or business.	this filing does not qualify for hat my signature shall have the empowered to execute this re	the exe he same eport as	mptions contai e legal effect a s required by C	ned in Chapter 119, Fiorida Statutes. I further certify that the information if made under cath; that I am a managing member or manager of the hapter 608, Florida Statutes.

Alex D. Baker, President

Daytime Phone #