


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M99000001866</b> 1. Entity Name <b>BAKER-ORLANDO PROPERTIES LLC</b>						<b>FILED</b> <b>07 OCT -5 PM 2:42</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5855 OAKRIDGE ROAD HAMILTON, OH 45011</b>				Mailing Address <b>5855 OAKRIDGE ROAD HAMILTON, OH 45011</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DR.</b> <b>SUITE 4</b> <b>WESTON, FL 33331</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>31-1691425</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM</b> <b>BAKER, DANIEL L</b> <b>5855 OAKRIDGE ROAD</b> <b>HAMILTON, OH 45011</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <b>200110059392</b>  <b>09/28/07--01050--010 **55.00</b> </div>			
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<b>REINSTATEMENT</b>							
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.							
<b>SIGNATURE:</b> <i>Daniel L Baker</i> <b>Daniel L Baker</b> 9/27/07 513-398-3700							