## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M99000001866

1. Entity Name

BAKER-ORLANDO PROPERTIES LLC



Principal Place of Business

₹ ., `\$

Mailing Address

5855 OAKRIDGE ROAD HAMILTON, OH 45011

5855 OAKRIDGE ROAD HAMILTON, OH 45011

## FILED May 14, 2008 8:00 am Secretary of State

05-14-2008 90080 008 \*\*\*138.75

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04202008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For		
	31-1691425	. <u>[</u>	Not Applicable		
5.	Certificate of Status Desired		00 Additional Required		

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE 4 WESTON FL 33331

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
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	<b>*</b>			
8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept	
SIGNATURE				
. " . " - "	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75			_
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	BAKER, DANIEL L			
STREET ADDRESS	5855 OAKRIDGE ROAD			
CITY-ST-ZIP	HAMILTON, OH 45011			
TITLE				
NAME				
CTREET ANADECC				

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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:	Daniel &	L. her	Daniel L.F.	Baker	4/22/08	513-398-3	70
SIGNATURE AND	TYPED OR PRINTED NAME OF STORING MANAGE	MERICE CONTROL	REPRESENTATIVE	Date	7- 7-	Daytime Phone #	