


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 8:54

DOCUMENT # A05000001536				
1. Entity Name DAN BAILEY GROUP, LTD				
Principal Place of Business P.O. BOX 625 HILLIARD, FL 32046 US		Mailing Address P.O. BOX 625 HILLIARD, FL 32046 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3798125
6. Name and Address of Current Registered Agent HODGES, BAILEY W 28323 WISTERIA LANE HILLIARD, FL 32046				Applied For Not Applicable
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City				FL Zip Code
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 _____				DATE _____
Signature, typed or printed name of registered agent and title if applicable.				
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME		STREET ADDRESS	
NAME	HODGES, BAILEY W		CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 625			
CITY-ST-ZIP	HILLIARD, FL 32046			400068559324
DOCUMENT #	NAME		STREET ADDRESS	
NAME	HODGES, DANIEL W		CITY-ST-ZIP	03/24/06--01005--019 **508.75
STREET ADDRESS	P.O. BOX 625			
CITY-ST-ZIP	HILLIARD, FL 32046			
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STREET ADDRESS				
CITY-ST-ZIP				
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes				
SIGNATURE: <i>Bailey W. Hodges / Bailey W Hodges</i>				Date: <i>3/7/06</i> (904)845-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #

STAPLE CHECK HERE