


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-11-2007 90161 017 ****50.00

DOCUMENT # L06000076730

1. Entity Name
BAILEY DESIGN GROUP, "LLC"



Principal Place of Business Mailing Address

7701 GARDNER DRIVE, SUITE 202 7701 GARDNER DRIVE, SUITE 202
 NAPLES FL 34109 NAPLES FL 34109



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4430 Botanical Pl. **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

403

City & State City & State

Naples

Zip Country Zip Country

34112 **Collier** **34112**

4. FEI Number Applied For

57-1241233 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

BAILEY, DAYLE R.
 7701 GARDNER DRIVE, SUITE 202
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name: **4430 Botanical Pl. #403**

Street Address (P.O. Box Number is Not Acceptable): **Bailey Design Group, "LLC"**

City: **Naples** FL Zip Code: **34112**

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. (NOTE: Registered Agent signature required when re-registering))

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BAILEY, DAYLE R 7701 GARDNER DRIVE, SUITE 202 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR. Dayle R. Bailey 4430 Botanical Pl. #403 Naples, Fl. 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dayle R. Bailey Date: April 1, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #