


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Mar 01, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A99000001530</b>	
1. Entity Name <b>BAILEY BUSINESS PARTNERS, LTD.</b>	

Principal Place of Business <b>201 S. 78TH ST. TAMPA, FL 33619</b>	Mailing Address <b>201 S. 78TH ST. TAMPA, FL 33619</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



02122007	Chg-LP	CR2E003 (12/06)
4. FEI Number <b>36-4322437</b>	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	
<b>DEEGAN, SUSAN L 201 S. 78TH ST. TAMPA, FL 33619</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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, 2007, 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 #	DEEGAN, SUSAN L	STREET ADDRESS	
NAME	201 S. 78TH ST.	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33619		
CITY-ST-ZIP			
DOCUMENT #	DEEGAN, DAVID P	STREET ADDRESS	1100000652853
NAME	201 S. 78TH ST.	CITY-ST-ZIP	03/12/07-80034-024 500.00
STREET ADDRESS	TAMPA, FL 33619		
CITY-ST-ZIP			
DOCUMENT #	VERDE, PENNY J	STREET ADDRESS	
NAME	PO BOX 1369	CITY-ST-ZIP	
STREET ADDRESS	NOKOMIS, FL 34273		
CITY-ST-ZIP			
DOCUMENT #	VERDE, RAUL R	STREET ADDRESS	
NAME	PO BOX 1369	CITY-ST-ZIP	
STREET ADDRESS	NOKOMIS, FL 34273		
CITY-ST-ZIP			
DOCUMENT #	PACKARD, NANCY B	STREET ADDRESS	
NAME	1301 HUNTERS TRAIL	CITY-ST-ZIP	
STREET ADDRESS	CRYSTAL LAKE, IL 60014		
CITY-ST-ZIP			
DOCUMENT #	PACKARD, WALTER J	STREET ADDRESS	
NAME	1301 HUNTERS TRAIL	CITY-ST-ZIP	
STREET ADDRESS	CRYSTAL LAKE, IL 60014		
CITY-ST-ZIP			

STAPLE CHECK HERE

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:** *Susan L Deegan* **2-14-07** **813-630-2422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #