


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Feb 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # A99000001530
1. Entity Name
BAILEY BUSINESS PARTNERS, LTD.



Principal Place of Business
**201 S. 78TH ST.
TAMPA, FL 33619**

Mailing Address
**201 S. 78TH ST.
TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LP CR2E003 (12/06)

4. FEI Number
36-4322437

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEEGAN, SUSAN L
201 S. 78TH ST.
TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE

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, 2008, 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

DOCUMENT #	
NAME	DEEGAN, SUSAN L
STREET ADDRESS	201 S. 78TH ST.
CITY-ST-ZIP	TAMPA, FL 33619
DOCUMENT #	
NAME	DEEGAN, DAVID P
STREET ADDRESS	201 S. 78TH ST.
CITY-ST-ZIP	TAMPA, FL 33619
DOCUMENT #	
NAME	VERDE, PENNY J
STREET ADDRESS	PO BOX 1369
CITY-ST-ZIP	NOKOMIS, FL 34273
DOCUMENT #	
NAME	VERDE, RAUL R
STREET ADDRESS	PO BOX 1369
CITY-ST-ZIP	NOKOMIS, FL 34273
DOCUMENT #	
NAME	PACKARD, NANCY B
STREET ADDRESS	1301 HUNTERS TRAIL
CITY-ST-ZIP	CRYSTAL LAKE, IL 60014
DOCUMENT #	
NAME	PACKARD, WALTER J
STREET ADDRESS	1301 HUNTERS TRAIL
CITY-ST-ZIP	CRYSTAL LAKE, IL 60014

DO NOT WRITE IN THIS SPACE

U00000827212
02/21/08-80082-001/500.00

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: *[Signature]* **2-10-08** **813-630-2422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #