S04244900353
08-26-2004 90061 047 ****50.00
L02000035027

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Nov 08, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L02000035027

1. Entity Name
BAILEY'S FEED & PET CENTER, L.L.C.

Principal Place of Business	Mailing Address
ROUTE 3, BOX 160-C LAKE CITY, FL 32025	ROUTE 3, BOX 160-C LAKE CITY, FL 32025

08242004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1238 Suite, Apt. #, etc.
City & State	City & State: Lake City, FL
Zip / Country	Zip: 32056 / Country

4. FEI Number: 371455764 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, EMORY L ROUTE 3 BOX 160-C LAKE CITY, FL 32025	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: Emory L. Bailey 8/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGRM NAME Emory L. Bailey - R ☐ Delete STREET ADDRESS Rt 3 Box 161B CITY-ST-ZIP Lake City, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE MGRM NAME Melissa B. Bailey - R STREET ADDRESS Rt 3 Box 161B CITY-ST-ZIP Lake City, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE MGRM NAME Stephen E. Bailey - R STREET ADDRESS 12065 S. US HWY 441 CITY-ST-ZIP Lake City, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Emory L. Bailey 8/23/04 386/752-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #