2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L03000041053 1. Entity Name BAILEY FINANCIAL SERVICES, L.L.C. Principal Place of Business Mailing Address **5 LANCELOT DRIVE 5 LANCELOT DRIVE** PALM COAST, FL 32137 PALM COAST, FL 32137 04252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-6219332 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAILEY, BONNIE L DO NOT WRITE 5 LANCELOT DRIVE PALM COAST, FL 32137 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 UNGD00346647 04/30/05-80084-011 50.00 MANAGING MEMBERS/MANAGERS Ÿ. MGRM TITLE NAME BAILEY, ALFRED DAVID JR **5 LANCELOT DRIVE** STREET ADDRESS CITY - ST-ZIP PALM COAST, FL 32137 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 path; 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: