2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Aug 31, 2004 8:00 am Secretary of State **DOCUMENT # L03000052766** 1. Entity Name 08-31-2004 90031 048 ****50.00 **BAILEY CARPETS LLC** Principal Place of Business Mailing Address 3976 46TH AVENUE NORTH ST PETERSBURG FL 33714 3976 46TH AVENUE NORTH ST PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address 3976 46# Ave Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (4/04) City & State 4. FEI Number Applied For EIN# 92-0180908 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAILEY, MIKE Street Address (P.O. Box Number is Not Acceptable) 3976 46TH AVENUE NORTH ST PETERSBURG FL 33714 City 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 Hichael SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State DEFC Due By September 8, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE **MGRM** Delete ☐ Change ☐ Addition NAME BAILEY, MIKE NAME STREET ADDRESS 3976 46TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33714 CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #