

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90024 003 \*\*\*\*50.00

**30003191**



1st MOORE CR2E083 (10/05)

|  |  |     |  |   |  |
|--|--|-----|--|---|--|
| <b>DOCUMENT # L04000072021</b>   |  |     |  |                |  |
| 1. Entity Name<br><b>F. JOSEPH BAILEY COMPANY, LLC</b>   |  |     |  |   |  |
| Principal Place of Business<br><b>4370 S. TAMiami TRAIL<br/>#312<br/>SARASOTA FL 34231</b>   |  |     | Mailing Address<br><b>4370 S. TAMiami TRAIL<br/>#312<br/>SARASOTA FL 34231</b> |   |  |
| 2. Principal Place of Business   |  |     | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |  |     | Suite, Apt. #, etc.  |   |  |
| City & State   |  |     | City & State   |   |  |
| Zip  | Country  | Zip | Country  | 4. FEI Number<br><b>57-1214738</b>  |  |
|  |  |     |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |  |     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BAILEY, F. JOSEPH<br/>4370 S. TAMiami TRAIL<br/>#312<br/>SARASOTA FL 34231</b>   |  |     | 7. Name and Address of New Registered Agent                                    |   |  |
|  |  |     | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> DATE _____   |  |     |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State.</b><br><b>Due By May 1, 2006</b>  |  |     |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BAILEY, F. JOSEPH<br>4370 SOUTH TAMiami TRAIL SUITE 312<br>SARASOTA FL 34231 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: <u><i>F. Joseph Bailey</i></u> <u>Managing Partner</u> <u>3-20-06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |     |  |   |  |

946-951-2399



ATTACHMENT

30003191

FLORIDA DEPARTMENT OF STATE

Division of Corporations

March 16, 2006

F. JOSEPH BAILEY COMPANY, LLC  
4370 S. TAMiami TRAIL  
#312  
SARASOTA, FL 34231

Subject: F. JOSEPH BAILEY COMPANY, LLC

Reference Number:

L04000072021

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION