

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


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**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90073 046 \*\*\*\*50.00

**DOCUMENT # L04000084190**

1. Entity Name  
**BAILEY & BAILEY, LLC**



Principal Place of Business  
**4809 EAST COUNTY ROAD 466**  
**OXFORD, FL 34484**

Mailing Address  
**4809 EAST COUNTY ROAD 466**  
**OXFORD, FL 34484**

**30009092**



2. Principal Place of Business  
**3649 CR 214**

Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 469**

Suite, Apt. #, etc.

02222005 Chg-LLC CR2E083 (10/03)

City & State  
**Oxford, FL**

City & State  
**Oxford, FL**

4. FEI Number  
**D6-1748437**

Applied For  
 Not Applicable

Zip Country Zip Country  
**34484 USA 34484 USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, C. WINSTON JR**  
**4809 EAST COUNTY ROAD 466**  
**OXFORD, FL 34484**

7. Name and Address of New Registered Agent

Name  
**Bailey, C Winston Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**3649 CR 214**

City  
**Oxford** **FL** Zip Code  
**34484**

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. (NOTE: Registered Agent signature required when relinquishing)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, JAMES A <del>4809 EAST COUNTY ROAD 466</del> OXFORD, FL 34484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, C. WINSTON JR <del>4809 EAST COUNTY ROAD 466</del> OXFORD, FL 34484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3649 CR 214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3649 CR 214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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:  DATE: **11-14-05** (552) 748-6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE