


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000084190
1. Entity Name
BAILEY & BAILEY, LLC



Principal Place of Business Mailing Address
3649 CR 214 **PO BOX 469**
OXFORD, FL 34484 **OXFORD, FL 34484**

DO NOT WRITE IN THIS SPACE



02212006No Chg-LLC CR2E083 (11/05)

4. FEI Number
06-1748437 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, JR, C. WINSTON
3649 CR 214
OXFORD, FL 34484

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, JAMES A 3649 CR 214 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, C. WINSTON JR 3649 CR 214 OXFORD, FL 34484
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U00000516083
04/29/06-80238-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *C. Winston Bailey Jr.* **4/13/06** **352-748-6062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #