2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 11, 2007 08:00 AN Secretary of State

DOCUMENT # L05000012442 1. Entity Name BAILEY LAND ACQUISITIONS, LLC					THE THE ACCOUNTY OF THE SECOND	S	Secret	ary (of Stat
1	ce of Business IESS LANE, SUITE 10 34110	Mailing Address 1085 BUSINESS LANE, SUITE 10 NAPLES, FL 34110							
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.		01022007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State			4. FEI Number Applied For 20-3125269 Not Applied be			<u></u>	
Zip	Country	Zip	Cour	itry	1	e of Status Desired	瓦	\$5.00 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New I	Registered A	gent	
	N, KEVIN G ESQ. IIAMI TRAIL NORTH, SUITE 30 FL 34110	0			P.O. Box Numi	per is Not Acceptab	(e)		
14711 220;	(L 04())			City			FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s register	ed office or register	red agent, or be	oth, in the State of F	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, lyped or printed name of registered agent a	nd title if applicable. (NO	TE. Registere	d Agent signature required	when reinstating)	* * * * * * * * * * * * * * * * * * * *	DATE	· · · · · · · · · · · · · · · · · · ·	
	iling Fee is \$50.00 ue by May 1, 2007						e check pa a Departme		e
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARFEL, DAMON F 1085 BUSINESS LANE SUITE 10 NAPLES, FL 34110	☐ Delete		ŧ		01./11/07-	582165 80020-0	□ Change 123 55.	Addition OO
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Indicated	certify that the information supplied with ton this report is true and accurate and tibility company or the receiver or trustee	hat my signature shall have empowered to execute this	report as	e legal effect as if m s required by Chapt	nade under oat ter 608, Florida	h; that I am a mana		r or manage	
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, CR	AUTHORIZED REPRESE	NTATIVE	Date	Da	yime Phone *	