2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# L05000046882

Entity Name: BAILEY WOLFE, LLC

Current Principal Place of Business:

PO BOX 140848
CORAL GABLES, FL 33114

New Principal Place of Business:

Current Mailing Address:

PO BOX 140848
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 20-2833138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATSMAN, MARK
18851 N.E. 29TH AVE.
SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BAILEY & ASSOCIATES,, A LAW FIRM, P . A.
Address: 241 SEVILLA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: WOLFE, MARC
Address: 800 WEST AVE, #202
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY S. BAILEY MGRM 01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date