

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 040 ****50.00

DOCUMENT # L06000015916

1. Entity Name
BAILEY ENTERPRISES, LLC



00001561

Principal Place of Business
**11891 US HIGHWAY ONE
STE. 100
NORTH PALM BEACH, FL 33408**

Mailing Address
**11891 US HIGHWAY ONE
STE. 100
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business - No P.O. Box #
1000 N.W. 56th St.

3. Mailing Address
1000 N.W. 56th St.

Suite, Apt. #, etc.

03262007 Chg-LLC CR2E083 (12/06)

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33309

Country
Broward

Zip
33309

Country
Broward

4. FEI Number

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HACKNEY, ROBERT C
11891 US HIGHWAY ONE
STE. 100
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name
Robert C. Hackney, Esq.

Street Address (P.O. Box Number is Not Acceptable)
**Moyle, Flanigan et al.
625 N. Flagler Dr - 9th Floor**

City
West Palm Bch

State
FL

Zip Code
33401

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 **Robert C. Hackney** DATE **3/26/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kris Lahman 1000 N.W. 56th St. Ft. Lauderdale, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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: **Robert C. Hackney** DATE **3/26/07** DAYTIME PHONE # **561-776-8600**

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