


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90048 031 ***138.75

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| DOCUMENT # L06000066291 | |  |
| 1. Entity Name BAILEY ENTERPRISES OF LEESBURG, LLC | | |

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|---|---|
| Principal Place of Business 2320 W. MONTCLAIR ROAD LEESBURG, FL 34748 | Mailing Address P.O. BOX 490090 ATT WENDE COOK LEESBURG, FL 34748 |
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| 2. Principal Place of Business - No P.O. Box # 1107 N. THOMAS AVE. | 3. Mailing Address |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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|-------------------------------------|--------------|
| City & State Leesburg, FL | City & State |
|-------------------------------------|--------------|

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|---------------------|----------------------|-----|---------|
| Zip 34749 | Country FL | Zip | Country |
|---------------------|----------------------|-----|---------|

00001403



01072008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 40-7721090 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LOWRY, ARCHIE O JR. 308 E. FIFTH AVE. MT. DORA, FL 32757 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | Zip Code | |

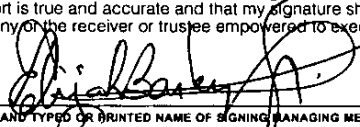
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAILEY, ELIJAH JR. 2320 W. MONTCLAIR ROAD LEESBURG, FL 34748 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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.

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|---|------------------------------|
| SIGNATURE:  | 1/8/08 (352) 326-2888 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |