File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 98 1188 1 911 3: 39 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address **DOCUMENT # L94000000715** of Limited Liability Company 1a. Principal Place of Business Address BAILEY TRADING COMPANY, L.C. P.O. BOX 96 886 WHITE AVENUE GRACEVILLE FL 32440 GRACEVILLE FL 32440 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 12/28/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3290131 Not Applicable 5. Date of Last Report 8. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 04/14/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BAILEY, OSWALD S 886 WHITE AVENUE Street Address (P.O. Box Number is Not Acceptable) GRACEVILLE FL 32440 <u>100002462681--</u> -03/19/98--01112--038 Suite, Apt. #, etc. ****188.75 ****188.75 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. **SIGNATURE** Appointment) (NOII: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR BAILEY, OSWALD S 886 WHITE AVENUE GRACEVILLE FL MEM BAILEY, OSWALD S 886 WHITE AVENUE GRACEVILLE FL MEM BAILEY, JONATHAN B C/O 886 WHITE AVENUE GRACEVILLE FL

11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther certify that the information indicated on this annual 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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CONSTRUCT AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGED

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Daytime Phone #