

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L94000000715</b>  BAILEY TRADING COMPANY, L.C. P.O. BOX 96 GRACEVILLE FL 32440	1a. Principal Place of Business Address  886 WHITE AVENUE GRACEVILLE FL 32440
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	3. Date Organized or Qualified  12/28/1994	3a. State of Formation  FL	4. FEI Number  59-3290131 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report  03/16/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent  BAILEY, OSWALD S 886 WHITE AVENUE GRACEVILLE FL 32440	8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City  300002803383--2 03/11/99--01121--017 ***188.75 ***188.75 FL
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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: Oswald S. Bailey mgr. DATE: Feb 17, 1999

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 filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further 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 trustee 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: Oswald S. Bailey mgr. DATE: Feb 17, 1999 (850) 263-3739