


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000715 1. Entity Name BAILEY TRADING COMPANY, L.C.	
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Principal Place of Business 886 WHITE AVENUE GRACEVILLE FL 32440	Mailing Address P.O. BOX 96 GRACEVILLE FL 32440
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3290131	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent BAILEY, OSWALD S 886 WHITE AVENUE GRACEVILLE FL 32440	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGR BAILEY, OSWALD S <input type="checkbox"/> Delete
STREET ADDRESS	886 WHITE AVENUE
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE NAME	MEM BAILEY, OSWALD S <input type="checkbox"/> Delete
STREET ADDRESS	886 WHITE AVENUE
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE NAME	MEM BAILEY, JONATHAN B <input type="checkbox"/> Delete
STREET ADDRESS	C/O 886 WHITE AVENUE
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	U00000046895 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/12/04-80018-025 50.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. I 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 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: *[Signature]* 2-9-04 850-263-3779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #