


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L94000000715			
1. Entity Name BAILEY TRADING COMPANY, L.C.			
Principal Place of Business 886 WHITE AVENUE GRACEVILLE FL 32440		Mailing Address P.O. BOX 96 GRACEVILLE FL 32440	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
4. FEI Number 59-3290131 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/>			
1st MOORE CR2E083 (10/05)			
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, 2006

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BAILEY, OSWALD S			NAME			
STREET ADDRESS	886 WHITE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	GRACEVILLE FL 32440			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BAILEY, OSWALD S			NAME			
STREET ADDRESS	886 WHITE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	GRACEVILLE FL 32440			CITY-ST-ZIP			
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BAILEY, JONATHAN B			NAME			
STREET ADDRESS	C/O 886 WHITE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	GRACEVILLE FL 32440			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2-03-06 (850) 263-3