

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000715

FILED
Jan 30, 2009
Secretary of State

Entity Name: BAILEY TRADING COMPANY, L.C.

Current Principal Place of Business:

886 WHITE AVENUE
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 96
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3290131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, OSWALD S
886 WHITE AVENUE
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAILEY, OSWALD S
Address: 886 WHITE AVENUE
City-St-Zip: GRACEVILLE, FL 32440

Title: MEM () Delete
Name: BAILEY, OSWALD S
Address: 886 WHITE AVENUE
City-St-Zip: GRACEVILLE, FL 32440

Title: MEM () Delete
Name: BAILEY, JONATHAN B
Address: C/O 886 WHITE AVENUE
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BAILEY, OSWALD S
Address: 886 WHITE AVENUE
City-St-Zip: GRACEVILLE, FL 32440

Title: MGRM (X) Change () Addition
Name: BAILEY, JONATHAN B
Address: C/O 886 WHITE AVENUE
City-St-Zip: GRACEVILLE, FL 32440

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OSWALD S. BAILEY

MGR

01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date