## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M07000002600** 

1. Entity Name

BAILIWICK HOLDINGS, LLC



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6560 SW MCCARRAN BLVD., STE. A RENO, NV 89509 6560 SW MCCARRAN BLVD., STE. A RENO, NV 89509



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DO NOT WRITE IN THIS SPACE 01022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8866833

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

| 8 | b. The above named entity submits this statement for the purpose of changing its registered office or registered. | d agent, or both | in the State of Florida. | I am familiar with, ar | d accept |
|---|---|------------------|--------------------------|------------------------|----------|
|   | the obligations of registered agent.  |                  |                          | •                      |          |

SIGNATURE.

Signature, wood or printed rame of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9.             | MANAGING MEMBERS/MANAGERS |  |  |  |
|----------------|---------------------------|--|--|--|
| TITLE          | MGRM                      |  |  |  |
| NAME           | SEYMOUR, BARRY            |  |  |  |
| STREET ADDRESS | 8136 TIBET BUTLER DRIVE   |  |  |  |
| CITY-ST-ZIP    | WINDERMERE, FL 34786      |  |  |  |
| TITLE          | MGRM                      |  |  |  |
| NAME           | SEYMOUR, PRISCILLA        |  |  |  |
| STREET ADDRESS | 8136 TIBET BUTLER DRIVE   |  |  |  |
| CITY-ST-ZIP    | WINDERMERE, FL 34786      |  |  |  |
| TITLE          |                           |  |  |  |
| NAME           |                           |  |  |  |
| STREET ADDRESS |                           |  |  |  |
| CITY-ST-ZIP    |                           |  |  |  |
| TITLE          |                           |  |  |  |
| NAME           |                           |  |  |  |
| STREET ADDRESS |                           |  |  |  |
| CITY-ST-ZIP    |                           |  |  |  |
| TITLE          |                           |  |  |  |
| NAME           |                           |  |  |  |
| STREET ADDRESS |                           |  |  |  |
| CITY-ST-ZIP    |                           |  |  |  |
| TITLE          |                           |  |  |  |
| NAME           |                           |  |  |  |
| STREET ADDRESS |                           |  |  |  |

U00000796126 01/29/08-80020-002 143.75

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/04/2008

Daytime Phone #