2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L06000082420

Entity Name: BAS - PO LLC

Current Principal Place of Business:

5955 BROKEN BOW LANE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

5955 BROKEN BOW LANE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 20-5405362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

DAVID, MATTHEWS
5952 RALEIGH BARROWS
PORT ORANGE, FL 32127 US

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: DAVID MATTHEWS 04/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILSON, WILLIAM K III
Address: 5955 BROKEN BOW LANE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM ( ) Delete
Name: WILSON, STEPHANIE
Address: 5955 BROKEN BOW LANE
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES:

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

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

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: WILLIAM K WILSON III MGRM 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date