

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002225

1. Entity Name
BASS & HIGGINBOTHAM, LTD.



Principal Place of Business
**5510 SW 41ST BLVD., STE. 101
GAINESVILLE, FL 32608**

Mailing Address
**5510 SW 41ST BLVD., STE. 101
GAINESVILLE, FL 32608**



DO NOT WRITE IN THIS SPACE

04132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3417687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIGGINBOTHAM, EDDIE J
5510 SW 41ST BLVD., STE. 102
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number Not Accepted) _____

City _____

FL Zip Code _____

**DO NOT WRITE
IN THIS SPACE**

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 _____
Sign over video original of name of registered agent and file if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # _____
NAME **HIGGINBOTHAM, EDDIE J**
STREET ADDRESS **5510 SW 41ST BLVD., STE. 101**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

DOCUMENT # _____
NAME **BASS, ROY F**
STREET ADDRESS **5510 SW 41ST BLVD., STE. 101**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

DOCUMENT # _____
NAME _____
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CITY-ST-ZIP _____

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CITY-ST-ZIP _____

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

13. ADDRESS CHANGES ONLY

STREET ADDRESS _____

CITY-ST-ZIP _____

STREET ADDRESS _____

CITY-ST-ZIP _____

STREET ADDRESS _____

CITY-ST-ZIP _____

STREET ADDRESS _____

CITY-ST-ZIP _____

STREET ADDRESS _____

CITY-ST-ZIP _____

STREET ADDRESS _____

CITY-ST-ZIP _____

**000000566195
05/26/06-80004-003 500.00**

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **Roy F. Bass**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/23/06 352 377-8270
Date Phone #