### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### DOCUMENT # L02000009596

WILLIAM H BASS LLC.



Principal Place of Business

1301 WEST GARDEN ST. PENSACOLA, FL 32501

Mailing Address

1301 WEST GARDEN ST. PENSACOLA, FL 32501

## **FILED** Jan 08, 2007 8:00 am Secretary of State

01-08-2007 90210 012 \*\*\*\*50.00

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01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2166467

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BASS AND SANDFORT ACCOUNTANTS 1301 W GARDEN ST

# DO NOT WRITE

PENSACC	DLA, FL 32501	l l	N 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			
0.0.0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinst	ating) DATE
Filing Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASS, WILLIAM H 711 W GARDEN ST PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDFORT, SCOTT 1301 W. GARDEN PENSACOLA, FL 32501		
TITLE NAME			

### 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:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #