


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90014 013 \*\*\*\*50.00

<b>DOCUMENT # L02000014590</b> 1. Entity Name <b>PAUL BASS CARPENTRY, L.L.C.</b>					
Principal Place of Business <b>1336 RICHMOND DRIVE MELBOURNE FL 32935</b>			Mailing Address <b>1336 RICHMOND DRIVE MELBOURNE FL 32935</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 361217</b> Suite, Apt. #, etc.			
City & State <b>Melbourne FL</b>		City & State <b>Melbourne FL</b>		4. FEI Number <b>01-0722148</b>	
Zip <b>32936</b>	Country	Zip <b>32936</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BASS, PAUL 1336 RICHMOND DRIVE MELBOURNE FL 32935</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BASS, PAUL 1336 RICHMOND DR MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Paul Bass</b> <b>PAUL BASS</b> <b>5/1/04</b> <b>3212591860</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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MOORE CR2E083 (11/03)