2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State
02-04-2004 90230 008 ****50.00

DOCUMENT # L03000003489

1. Entity Name
BASS CAPITAL MHP, LLC

34002455

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
1036 GOLF VALLEY DRIVE APOPKA FL 32712	1036 GOLF VALLEY DRIVE APOPKA FL 32712

2. Principal Place of Business	3. Mailing Address
2908 S Highway 17	8700 S.W 194Th CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cresent City FL	City & State: Dunnellon FLA
Zip: 32112 Country: PUTMAN	Zip: 34432 Country: MARION

4. FEI Number: 81-0593871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE COMPANY OF MIAMI
1600 MIAMI CENTER, 201 SOUTH BISCAYNE BLVD
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: William R. Brucker
Street Address (P.O. Box Number is Not Acceptable): 8700 SW 194Th CT
City: Dunnellon FL Zip Code: 34432

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: William R Brucker [signature] 1/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Mang. Member NAME: William R. Brucker STREET ADDRESS: 8700 SW 194Th CT CITY-ST-ZIP: Dunnellon FL 34432	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Mang Member NAME: John N. Davis III STREET ADDRESS: 1036 Golf Valley ~~Rd~~ Drive CITY-ST-ZIP: Apopka FL 32712	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: William R Brucker [signature] 1/28/04 352-465-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #