


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90200 024 \*\*\*\*50.00

**DOCUMENT # L04000035039**

1. Entity Name  
**BASSITT INSTALLATIONS LLC.**



Principal Place of Business <b>8451 MILANO DRIVE</b> <b>1739</b> <b>ORLANDO, FL 32810</b>	Mailing Address <b>8451 MILANO DRIVE</b> <b>1739</b> <b>ORLANDO, FL 32810</b>
--	--



2. Principal Place of Business <b>5293 AEOLUS WAY</b>	3. Mailing Address <b>5293 AEOLUS WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272006 Chg-LLC CR2E083 (11/05)

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>27-0090097</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32808</b>	Country <b>ORANGE</b>	Zip <b>32808</b>	Country <b>ORANGE</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6- Name and Address of Current Registered Agent <b>BASSITT, LOTF</b> <b>8451 MILANO DRIVE</b> <b>1739</b> <b>ORLANDO, FL 32810</b>		7- Name and Address of New Registered Agent Name <b>BASSITT, LOTF</b> Street Address (P.O. Box Number is Not Acceptable) <b>5293 AEOLUS WAY</b> City <b>ORLANDO</b> FL Zip Code <b>32808</b>	
--	--	---	--

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 X \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>BASSITT, LOTF</b> <b>8451 MILANO DRIVE # 1739</b> <b>ORLANDO, FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>BASSITT, LOTF</b> <b>5293 AEOLUS WAY</b> <b>ORLANDO, FL 32808</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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"/> 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"/> 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"/> Delete	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 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: X** [Signature] **02/03/2006** **(407) 3985789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #