

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035039

FILED  
May 24, 2007  
Secretary of State

Entity Name: BASSITT INSTALLATIONS LLC.

**Current Principal Place of Business:**

5293 AEOLUS WAY  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

5293 AEOLUS WAY  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 27-0090097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BASSITT, LOTF  
5293 AEOLUS WAY  
ORLANDO, FL 32808      US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM INC  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 US

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.

SIGNATURE: JAMISON MARK JESSUP SR

05/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BASSITT, LOTF  
Address: 5293 AEOLUS WAY  
City-St-Zip: ORLANDO, FL 32808

Title: MGRM ( ) Delete  
Name: MARTA LUCIA FRANCESC, HINI  
Address: 5293 AEOLUS WAY  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOTF BASSITT

MGRM

05/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date