## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000054974

VALRICO, FL 33594

City-St-Zip:

Entity Name: BAS VALRICO, LLC

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2939 SKYVIEW DRIVE LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 1612 HERITAGE DR. VALRICO, FL 33594 FEI Number: 32-0128275 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BABY, MAKIL A P 2939 SKYVIEW DR. LAKELAND, FL 33801 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MAKIL, BABY A Name: Name: 1612 HERITAGE RD. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MAKIL, BABY A P Name: Address: 1612 HERITAGE RD. Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition MAKIL, BABY A P Name: Name: 1612 HERITAGE DR. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: MAKIL, BABY A P Name: 1612 HERITAGE DR. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MAKIL, BABY A P Name: Name: 1612 HERITAGE DR. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition MAKIL, BABY A P Name: Name: Address: 1612 HERITAGE DR. Address:

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.

City-St-Zip:

SIGNATURE: BABY MAKIL P 04/27/2007