

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056883

Entity Name: BASS EQUITIES, LLC

FILED
Jun 22, 2005
Secretary of State

Current Principal Place of Business:

4403 VINELAND RD., STE B-15
ORLANDO, FL 32811

New Principal Place of Business:

4201 VINELAND RD.
SUITE I-13
ORLANDO, FL 32811

Current Mailing Address:

4403 VINELAND RD., STE B-15
ORLANDO, FL 32811

New Mailing Address:

4201 VINELAND RD.
SUITE I-13
ORLANDO, FL 32811

FEI Number: 51-0521563 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:

FALCANER, MATTHEW
4403 VINELAND RD., SUITE B-15
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

FALCONER, MATTHEW
4201 VINELAND RD.
SUITE I-13
ORLANDO, FL 32811 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: MATTHEW FALCONER

06/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FALCONER, MATTHEW
Address: 4403 VINELAND RD., SUITE B-15
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FALCONER, MATTHEW
Address: 4201 VINELAND RD. SUITE I-13
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW FALCONER

MGRM

06/22/2005

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