### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000056883**

1. Entity Name BASS EQUITIES, LLC



Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

4201 VINELAND RD.

SUITE I-13 ORLANDO, FL 32811 Mailing Address

4201 VINELAND RD.

SUITE I-13

ORLANDO, FL 32811



### DO NOT WRITE IN THIS SPACE

04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0521563

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

	above named entity submits this statement for the purpose of changinobligations of registered agent.	ng its registered office or registered agent, or both, in the State of Florid	I am familiar with, and accept
SIGNA	TURE.	(AVIT- Designed Appet shorter, and industrial	DATE

Filing Fee is \$50.00 Due by May 1, 2007

U00000748245 05/17/07-80060-003 150.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	FALCONER, MATTHEW	
STREET ADDRESS	4201 VINELAND RD. SUITE I-13	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
Street address		
CITY-ST-ZIP		
TITLE .		
NAME '		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the exited and this const in tripled and that my signature shall have the second to the constant of		

# DO NOT WRITE IN THIS SPACE

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 of the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGH

IAME OF MIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #