2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000012602

1. Entity Name
BASC, LLC

Principal Place of Business	Mailing Address
2677 WYNDSOR OAKS PLACE WINTER HAVEN, FL 33884	POST OFFICE BOX 1269 WINTER HAVEN, FL 33882

2. Principal Place of Business
2100 Dundee Road
Suite, Apt. #, etc.

3. Mailing Address
2100 Dundee Road
Suite, Apt. #, etc.

01182006   Chg-LLC   CR2E083 (11/05)

City & State *Winter Haven, Fl*
Zip *33884*   Country *USA*

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Zip *33884*   Country *USA*

4. FEI Number *20-2316639*
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, WILLIAM V 2677 WYNDSOR OAKS PLACE WINTER HAVEN, FL 33884	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COOK, WILLIAM V		NAME		
STREET ADDRESS	2677 WYNDSOR OAKS PLACE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	MRGM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COOK, SANDRA L		NAME		
STREET ADDRESS	2677 WYNDSOR OAKS PLACE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Sandra L. Cook*   *1-18-06*   *863-401-9338*

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