2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Apr 11, 2006 8:00 am Secretary of State **DOCUMENT # L05000030886** 04-11-2006 90014 019 ****50.00 BASS ELECTRIC, LLC Principal Place of Business 6531 LAKE CLARKE DRIVE Mailing Address 54.1045545 6531 LAKE CLARKE DRIVE LAKE CLARKE SHORES, FL 33406 LAKE CLARKE SHORES, FL 33406 3. Mailing Address 2369 OLV SHAUSE DR Suite, Apt. #, etc. 01112006 Applied For City & State 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ST6UG BASS, STEVE 6531 LAKE CLARKE DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE CLARKE SHORES, FL 33406 2369 CWBHOVS 6 DC 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRAI BASS STEVE 7369 CLUSHOVSE DL West PALLA BEADA 33409 MGRM TITLE ☐ Addition ☐ Delete TITLE BASS, STEVE NAME NAME 6531 LAKE LARKE DRIVE STREET ADDRESS STREET ADDRESS LAKE CLARKE SHORES, FL 33406 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME 8732 PANYOUTERRACE STREET ADDRESS STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-7/P CITY-ST-ZIP MGRM ☐ Delete ☐ Change ☐ Addition TITLE TITLE BURNS, BRENT NAME 5516 CANNON WAY APT D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition STEWART, ALEXANDER NAME NAME STREET ADDRESS 150 PINEVIEW ROAD STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33469 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 acceptate 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 received or trustee empoyeded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED