


FILE NOW: Fee after May 1, will be \$588.75

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|---|---------------------------|---|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILED 97 APR 21 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L96000000421 | | |
| BASS RIVER INVESTMENT TRUST, LLC 18523 SE SEA OAKS LN TEQUESTA FL 33469 | | 1a. Principal Place of Business Address 18523 SE SEA OAKS LN TEQUESTA FL 33469 <div style="text-align: right;"><i>mw</i></div> | | |
| <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small> | | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04/08/1996 |
| City & State | | City & State | | 3a. State of Formation FL |
| Zip | | Country | | 4. FEI Number |
| | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | | | 5. Date of Last Report |
| | | | | 6. Certificate of Status Desired <input type="checkbox"/> \$675 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | | | 8. Name and Address of New Registered Agent | |
| COOK, ROBERT B 11911 US HWY ONE SUITE 210 NORTH PALM BEACH FL 33408 | | | Name | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | Suite, Apt. #, etc. | |
| | | | City | Zip Code |
| | | | FL | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | |
| SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code |
| MEM | STARKEY, LOUISA H | 18523 SE SEA OAKS LN | | TEQUESTA FL |
| MEM | STARKEY, CRAIG D | 1041 VIA MERANO 823 NICOMA TRAIL | | WINTER PARK FL MAITLAND, FL 32751 |
| 300002150283--3 -04/22/97--01033--007 ****203.75 ****203.75 | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | |
| SIGNATURE: <i>Louisa H. Starkey</i> 4/8/97 361-747-4953 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small> | | | | |