


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000750</b> 1. Entity Name BASILICO INVESTMENTS, LTD.					
Principal Place of Business 8037 LINKS WAY PORT ST. LUCIE, FL 34986			Mailing Address 8037 LINKS WAY PORT ST. LUCIE, FL 34986		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1187438	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BASILICO, ROBERT F 8037 LINKS WAY PORT ST. LUCIE, FL 34986				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,550,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,894,799.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000052535		STREET ADDRESS		
NAME	BASILICO INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	8037 LINKS WAY				
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986				
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STREET ADDRESS					
CITY-ST-ZIP					
14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Robert F Basilico</i>			DATE: 1/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DAYTIME PHONE # 272 466 2364		



01152005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1187438 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

BASILICO, ROBERT F  
 8037 LINKS WAY  
 PORT ST. LUCIE, FL 34986

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
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 STREET ADDRESS 8037 LINKS WAY  
 CITY-ST-ZIP PORT ST. LUCIE, FL 34986

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STAPLE CHECK HERE

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SIGNATURE: *Robert F Basilico* DATE: 1/15/05 DAYTIME PHONE # 272 466 2364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER