


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000750</b> 1. Entity Name <b>BASILICO INVESTMENTS, LTD.</b>	
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Principal Place of Business  
**8037 LINKS WAY  
PORT ST. LUCIE, FL 34986**

Mailing Address  
**8037 LINKS WAY  
PORT ST. LUCIE, FL 34986**



04112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P03000052535**  
NAME **BASILICO INVESTMENTS, INC.**  
STREET ADDRESS **8037 LINKS WAY**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

DOCUMENT #  
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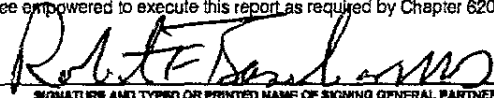
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/29/06-80040-017 508.75^M

**DO NOT WRITE  
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/11/06 772 466 2364**  
Date Daytime Phone #

STAPLE CHECK HERE