## FILED Apr 27, 2007 8:00 am Secretary of State

2007			COMPANY
	ANNU	JAL REPOF	RT

1. Entity Name		AIIIIVAL	1121 0111		_ scoretary or star	•	
444 SEABREEZ BLVD, STE 1002 DAYTONA BEACH, FL 32118  Sure, Apt. 4, etc.   Sure, Apt. 4, etc.   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   Q4032007 ChgLLC CR2E083 (12/06)  City & FL   Q50000 ChgLlC CR2E083 (12/0	DOCUMENT # L0000007509  1. Entity Name BASIN STREET PARTNERS, LLC						
444 SEABREEZ BLVD, STE 1002 DAYTONA BEACH, FL 32118  Sure, Apt. 4, etc.   Sure, Apt. 4, etc.   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   A. Fit Humber   Q4032007 ChgLLC CR2E083 (12/06)  City & State   City & State   Q4032007 ChgLLC CR2E083 (12/06)  City & FL   Q50000 ChgLlC CR2E083 (12/0	Principal Place	of Rusiness	Mailing Address		∃ 60041913		
Sulle, Apt. 4, etc.   Sulle, Apt. 4, etc.   D4032007   Chg-LLC   CR2E083 (12/06)	444 SEABREEZE BLVD, STE 1002		444 SEABREEZE BLVD, STE 1002		00012		
Sulle, Apt. 4, etc.   Sulle, Apt. 4, etc.   D4032007   Chg-LLC   CR2E083 (12/06)							
City & State  Country  Country  Country  S. Certificate of Status Desired   St.00 Additional Fee Repulser  Fee Rep	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Zip Country Zip Country 5. Country 6. Status Dasined 5. Status D	Suite, Apt	#, etc.					
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  MILER, SANFORD  444 SEARREZE BLVD, STE 1002  DAYTONA BEACH, FL 32118  City  FL  City  FL  Zip Code  City  FL  Zi	City & State		City & State				
Name  Add SEABREZE BLVD, STE 1002 DAYTONA BEACH, FL 32118  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Codo  Make check payable to Florida Department of State  Cluster  Addition  Make  SIRET ADRESS  CITY-ST-Zip  THE  MAKE  SIRET ADRESS  CITY-ST-Zip  THE	Zip 		<u> </u>	Country		al	
MALER, SANFORD DAYTONA BEACH, FL 32118  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zi		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
### Add Sea ABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118  ### City FL Zip Code    City FL Zip Code   City		ANEODD		Name			
B. 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 lamillar with, and accept the obligations of registered agent.    SIGNATURE	444 SEABREEZE BLVD, STE 1002		Street Address	s (P.O. Box Number is Not Acceptable)			
the obligations of registered agent.    SIGNATURE     Signature, typed or prisod name of iregistered agent and title 4 appealance Agent signature required when remaining)   DATE				City	FL Zip Code		
Filling Foe is \$50.00    Make Check payable to Florida Department of State   MGR			the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and	accept	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MIGHE NAME MILLER, SANFORD 108ete MILLER, SANFORD 444 SEABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118 CITY-SI-2P DAYTONA BEACH, FL 32118 CITY-SI-2P STEET ADDRESS CITY-SI-2P NAPERVILLE, IL 60563 CITY-SI-2P CITY-SI-2P Delete SIREET ADDRESS CITY-SI-2P	SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating) DATE	_	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MIGHE NAME MILLER, SANFORD 108ete MILLER, SANFORD 444 SEABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118 CITY-SI-2P DAYTONA BEACH, FL 32118 CITY-SI-2P STEET ADDRESS CITY-SI-2P NAPERVILLE, IL 60563 CITY-SI-2P CITY-SI-2P Delete SIREET ADDRESS CITY-SI-2P							
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CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS CITY-ST-ZIP  11. 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.							
TITLE  NAME  STREET ADDRESS  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.							
NAME STREET ADDRESS 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 eath; 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.	CITY-ST-ZIP		<del></del>				
STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 eath; 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.			☐ Delete		☐ Change ☐	Addition	
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4/23/07 Oate