

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90296 032 ****50.00

DOCUMENT # L00000007671

1. Entity Name
BASIC REAL ESTATE, L.L.C.



Principal Place of Business
**6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

Mailing Address
**6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

01010013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3658187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUSS, ROBERT V
112 WEST ADAMS STREET, SUITE 1402
JACKSONVILLE, FL 32202**

Name

Duss, Robert V.

Street Address (P.O. Box Number is Not Acceptable)

1050 RIVERSIDE AVE.

City

JACKSONVILLE

FL

Zip Code

32204

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEADOWS, PHILIP O
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEADOWS, Virginia S.
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

TITLE
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11. 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 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.

SIGNATURE:

Philip O Meadows
Philip O. Meadows

MARCH 7, 2004 904.724-3901

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

Date

Daytime Phone #