## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000014791

1. Entity Name

BASALT PARTNERS, L.C.



FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90213 008 \*\*\*\*50.00

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Principal Place of Business			Mailing Address								
3308 W. WILDWOOD BAY COURT LECANTO FL 34461			3308 W. WILDWOOD BAY COURT LECANTO FL 34461				IÁII AN BERK BAIKI <b>18</b> in Berk I		91 <b>0</b> 1016 1 <b>0166</b> 1	<b>1</b> 761 1881 1881	
2. Principal Pl	lace of Busine	ace .			<b>       </b>						
z. Filioparri	iace or busine	200	3. Mailing Address			1100	1811 JUL DALKI BUKA UBALA BUTA	OORIA OEKOA IIO	H <b>010</b> 11 10010 1	0101 UNE 100E	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Num	4. FEI Number 02-0581691 Applied For Not Applicable				
Zip 		Country	Zip				5. Certificate of Status Desired				
	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent				
FITZSIMMONS, WILLIAM D						Name-random services and the services are the services and the services are the services and the services and the services are the services ar					
3308 W. WILDWOOD BAY COURT LECANTO FL 34461					Street Address (P.O. Box Number is Not Acceptable)						
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				City				FL	Zip Cod	e	
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											
FILE NOW!!! FEE IS \$50.00											
Make Check Payable to Florida Department of State										. [	
					ıy 1, 2003						
9.	MANAGING MEMBERS/MANAGERS 10.						. ADDITIONS/C	HANGES			
TITLE	MGR		☐ Delete	TITLE					Change	Addition	
NAME	FITZSIMM	ONS, WILLIAM D	D0000	NAM							
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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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #