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FILED
Jul 16, 2002 8:00 am
Secretary of State

06-05-2002 90423 001 ****50.00
06-05-2002 90423 002 ****25.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000384

1. Entity Name

B BASKET LLC

Principal Place of Business	Mailing Address
~~12626 NORTHUP WAY~~ ~~SUITE 120~~ ~~BELLEVUE WA 98005~~ SAME AS LINE 6 SEE ENCL LETTER	PO BOX 1605 WINDERMERE FL 34786-1605

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8092 OAKLAND PLACE	[illegible]
Suite, Apt. #, etc. [illegible]	Suite, Apt. #, etc. [illegible]
City & State ORLANDO, FL	City & State [illegible]
Zip 32819 — Country USA	Zip [illegible] — Country [illegible]

4. FEI Number EIN 58-2603513 — ☐ 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
ALLEN, JOAN ANN 8092 OAKLAND PLACE ORLANDO FL 32819	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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATING MANAGER JOAN ANN ALLEN PO BOX 1605 WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~SEC TREAS~~ OPERATING MANAGER ROBERT N. ALLEN PO BOX 1605 WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: Joan Ann Allen — 25 MAY 2002 — 407/521-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

Memo from R. N. ALLEN 38891

#L0100000384

TO Dept of State - Division of Corporations DATE 10 July 2002

Your letter was dated Jun 7 but postmarked Jun 25, 2002.
We were on vacation when it arrived.
I called 7/10/02 + spoke to Tammy.
you do not accept titles of "Sec-Treas" so she
told me to change it to operating manager on the
copy you sent me — and return.

Corrected copy is enclosed.

R N A