

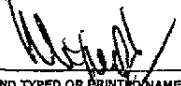


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000010021</b>						
1. Entity Name BASE HOLDINGS, LLC						
Principal Place of Business 150 SE 2ND AVE SUITE 1200 MIAMI, FL 33131	Mailing Address 150 SE 2ND AVE SUITE 1200 MIAMI, FL 33131	  01102006No Chg-LLC CR2E083 (11/05) <table border="1"><tr><td>4. FEI Number 65-1120073</td><td>Applied For Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input checked="" type="checkbox"/></td><td>\$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 65-1120073	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required					
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE. 2ND FLOOR CORAL GABLES, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>						
9. MANAGING MEMBERS/MANAGERS		<p>UD00000404351 02/06/06-80042-017 55.00</p> <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAUM, MIGUEL 10295 COLLINS AVE. BAL HARBOR, FL 33145					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAUM, ZYMA 10295 COLLINS AVE. BAL HARBOR, FL 33145					
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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.						
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 01/26/06 Daytime Phone # 305-828-3055				