
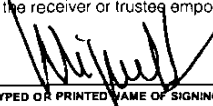


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90019 001 ****50.00

DOCUMENT # L01000010021 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		
2. Principal Place of Business - No P.O. Box # 1001 BRICKELL BAY DRIVE		3. Mailing Address 1001 BRICKELL BAY DRIVE			
Suite, Apt. #, etc. 1400		Suite, Apt. #, etc. 1400			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 65-1120073	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01082007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE. 2ND FLOOR CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUM, MIGUEL 10295 COLLINS AVE. BAL HARBOR, FL 33145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGR) BAUM, MIGUEL 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUM, ZYMA 10295 COLLINS AVE. BAL HARBOR, FL 33145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGR) BAUM, ZYMA 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		MIGUEL BAUM		Date 01/15/07 Daytime Phone # 305-374-2001	