

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000010021

1. Entity Name
BASE HOLDINGS, LLC



Principal Place of Business

**1001 BRICKELL BAY DR
SUITE 1400
MIAMI, FL 33131**

Mailing Address

**1001 BRICKELL BAY DR
SUITE 1400
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-1120073

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE. 2ND FLOOR
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BAUM, MIGUEL
1001 BRICKELL BAY DR SUITE 1400
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BAUM, ZYMA
1001 BRICKELL BAY DR SUITE 1400
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000835560
02/29/08-80035-016 138.75

**DO NOT WRITE
IN THIS SPACE**

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: ✓

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

MIGUEL BAUM

Date

Daytime Phone #

✓ 02/18/08 (305) 371 0200