

* AMENDED *

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

09-08-2003 90076 003 ****55.00

L02000027171

FILED

03 SEP 12 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NJH

DOCUMENT # L02000027171

1. Entity Name

The Basinger Group, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9158 Bay Cove Ln.

3. Mailing Address

9158 Bay Cove Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

01-0743203

Applied For

Not Applicable

Zip

32257

Country

Zip

32257

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

M. Brantley Basinger

Street Address (P.O. Box Numbers Not Acceptable)

9158 Bay Cove Ln.

City

Jacksonville

FL

Zip Code

32257

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]
Signed, typed or printed name of registered agent and title if applicable.

PRESIDENT/MGR

09/03/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT/MGR
Brantley Basinger
9158 Bay Cove Ln.
Jacksonville, FL 32257

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09-03-03 904-334-6903

Date

Daytime Phone #

CR2E083B (12/02)