

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027226

1. Entity Name
D. BASILE, LLC



Principal Place of Business
**4637 CANARD ROAD
MELBOURNE, FL 32934**

Mailing Address
**4637 CANARD ROAD
MELBOURNE, FL 32934**



07012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3662160

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901**

**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 Agents signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

000000163879
07/07/04-80022-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BASILE, DENNIS E
4637 CANARD ROAD
MELBOURNE, FL 32934**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BASILE, DEBORAH D
4637 CANARD ROAD
MELBOURNE, FL 32934**

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

**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: *Deborah D Basile*

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

7-1-04

Date

321 4324135

Daytime Phone #