


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90022 005 \*\*\*\*50.00

**DOCUMENT # L03000003565**

1. Entity Name  
**BASIN STREET ASSOCIATES, LLC**



Principal Place of Business  
**125 BASIN ST., STE. 210  
DAYTONA BEACH, FL 32114**

Mailing Address  
**125 BASIN ST., STE. 210  
DAYTONA BEACH, FL 32114**

**20047896**



2. Principal Place of Business  
**444 SEABREEZE BLVD.  
SUITE 1002  
DAYTONA BEACH, FL  
32118 U.S.**

3. Mailing Address  
**444 SEABREEZE BLVD.  
SUITE 1002  
DAYTONA BEACH, FL  
32118 U.S.**

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**06-1684583**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MILLER, SANFORD  
125 BASIN ST., STE. 210  
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**444 SEABREEZE BLVD., SUITE 1002**

City **DAYTONA BEACH** FL Zip Code **32118**

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, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, SANFORD 28 BROADRIVER RD. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 SEABREEZE BLVD., SUITE 1002 DAYTONA BEACH, FL 32118</b>
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
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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 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:** **SANFORD MILLER** **4/18/05** **386-238-7035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #