


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L04000020642</b>   |   |  |   |    |  |
| 1. Entity Name<br><b>BASSETT FAMILY INVESTMENTS, LLC</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>1620 GULF OF MEXICO DRIVE<br/>LONGBOAT KEY, FL 34228 US</b>  |   |  | Mailing Address<br><b>1620 GULF OF MEXICO DRIVE<br/>LONGBOAT KEY, FL 34228 US</b> |   |  |
| 2. Principal Place of Business   |   |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.   |   |  |
| City & State   |   |  | City & State  |   |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>20-3098955</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>ANDREW SERVICE CORPORATION OF FLORIDA<br/>201 N. FRANKLIN STREET<br/>SUITE 2100<br/>TAMPA, FL 33602</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00<br/>After January 1, 2007, Fee will be \$100.00</b>  |   | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   | MGR<br>BLAIR, CHRISTOPHER<br>1620 GULF OF MEXICO DR<br>LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                  | 300081985919<br>11/21/06--01036--015 ***50.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Susan C. Bassett-Klauber</u>   |   |  | Date: <u>Nov. 12<sup>th</sup> 2006</u> 941-383-7419                               |   |  |

REINSTATEMENT