


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/7

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90009 001 ****50.00

DOCUMENT # L05000007500	
1. Entity Name FLORIDA BASIS FUND, LLC	

Principal Place of Business 605 E. ROBINSON STREET, SUITE 240 ORLANDO, FL 32801	Mailing Address 605 E. ROBINSON STREET, SUITE 240 ORLANDO, FL 32801
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605 E. ROBINSON ST.

2. Principal Place of Business <i>SUITE # 500</i>	3. Mailing Address <i>605 E. ROBINSON ST.</i>
Suite, Apt. #, etc. <i>Orlando, FL.</i>	Suite, Apt. #, etc. <i>SUITE # 500</i>

04192006 Chg-LLC CR2E083 (11/05)

City & State <i>Orlando, FL.</i>	City & State <i>Orlando, FL.</i>
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4. FEI Number <i>20-2408409</i>	Applied For Not Applicable
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Zip <i>32801</i>	Country <i>FLORIDA</i>	Zip <i>32601</i>	Country <i>FLORIDA</i>
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FREDERICK, CHARLES R 605 E. ROBINSON STREET, SUITE 240 500 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Provisional</i> Charles Frederick 205 Lake Copeland Orlando, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> Stephen M. Caputo 1311 Belmont Drive Orlando, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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]* (Charles R. Frederick) Date: *4/20/06* 407-843-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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