2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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04192006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000007500

1. Entity Name
FLORIDA BASIS FUND, LLC

Principal Place of Business	Mailing Address
605 E. ROBINSON STREET, SUITE 240 ORLANDO, FL 32801	605 E. ROBINSON STREET, SUITE 240 ORLANDO, FL 32801
605 E. Robinson St.	
2. Principal Place of Business: Suite # 500	3. Mailing Address: 605. E. Robinson St.
Suite, Apt. #, etc.: Orlando, FL.	Suite, Apt. #, etc.: Suite # 500
City & State	City & State: Orlando, FL.
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. FEI Number: 20-2408409 — Applied For / Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE President NAME Charles Frederick STREET ADDRESS 205 Lake Copeland CITY-ST-ZIP Orlando, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V.P. NAME Stephen M. Caruso STREET ADDRESS 1311 Belmount Drive CITY-ST-ZIP Orlando, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: (Charles R. Frederick) 4/20/06 407-843-7070 X 120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #