


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90030 037 ***138.75

DOCUMENT # L05000007500 1. Entity Name FLORIDA BASIS FUND, LLC	
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Principal Place of Business 605 E. ROBINSON STREET, SUITE 500 ORLANDO, FL 32801	Mailing Address 605 E. ROBINSON STREET, SUITE 500 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2408409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, CHARLES R
605 E. ROBINSON STREET
SUITE 500
ORLANDO, FL 32801

**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 Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDERICK, CHARLES 205 LAKE COPELAND ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASUSO, STEPHEN M 1311 BELMOUNT DRIVE ORLANDO, FL 32806
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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 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: Randa Pol 4-21-08 407 813 7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #