## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000013607

1. Entity Name

BASIN STREET CAPITAL LLC



Principal Place of Business

Mailing Address

444 SEABREEZE BOULEVARD SUITE 1002

SUITE 1002 DAYTONA BEACH, FL 32114 US 444 SEABREEZE BOULEVARD SUITE 1002 DAYTONA BEACH, FL 32114 FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90025 044 \*\*\*\*50.00

60041907



04032007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | Applied For                       |  |
|----------------------------------|-----------------------------------|--|
| 20-4573399                       | Not Applicable                    |  |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |  |

## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED-NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

MILLER, SANFORD 444 SEABREEZE BOULEVARD SUITE 1002 DAYTONA BEACH, FL 32114

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 8 The above   | named entity submits this statement for the purpose of char                   | pring its registered office or registered agent, or both, in the Sta | to of Florido, they for the said asset |  |
|---|---|--|--|--|
| <ol><li>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<br/>the obligations of registered agent.</li></ol>  |   |  |  |  |
| SIGNATURE   |   |  |  |  |
|   | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating)         | DATE                                   |  |
|   | ling Fee is \$50.00<br>se by May 1, 2007                                      |  |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM MILLER, SANFORD 444 SEABREEZE BLVD., SUITE 1002 DAYTONA BEACH, FL 32114  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP   | . 700   | DO NOT   | WRITE                                  |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP   |   | IN THIS  | SPACE                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ,  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |  |
| 11. I hereby certify that the information supplied with this filling 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. |   |  |  |  |