2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000013607

1. Entity Name

BASIN STREET CAPITAL LLC

US

FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

444 SEABREEZE BOULEVARD

SUITE 1002 DAYTONA BEACH, FL 32114

444 SEABREEZE BOULEVARD **SUITE 1002**

DAYTONA BEACH, FL 32114

CR2E083 (12/07)

04212008 No Chg-LLC

Applied For 4. FEI Number 20-4573399 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of c the obligations of registered agent. 	hanging its registered office or registered agent, or both, เก	the State of Florida. I am familiar with, and accept
SIGNATURE Spinalure, Noed or project pane of registered agent and title il applicable	(NOTE Registered Agent signature required when renstating)	DATE

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

000000932079 05/22/08-80040-015 138.75

9.	MANAGING MEMBERS/MANAGERS	,	
TITLE	MGRM		
NAME	MILLER, SANFORD		
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 1002	$oldsymbol{a}$, $oldsymbol{a}$	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
TITLE	•		
NAME			
STREET ADDRESS	<u>.</u>		
CITY-S1-ZIP		ı,	
TITLE			
NAME		14,	
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		4	
TITLE		I IN THIS SPACE	
NAME		114 11110 017102	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		,	
STREET ADDRESS		·	
CITY-SI-ZIP		4	
TITLE		,	
NAME		a a	
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 reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

386-138-7035°