

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000038707

1. Entity Name
BASIN STREET BEACHES RESORT, LLC



Principal Place of Business
**444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US**

Mailing Address
**444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US**



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3791030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNEDY, MICHAEL
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118**

**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 reappointing)

DATE

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

000000932110

05/22/08-80042-007 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------------------|
| TITLE | M |
| NAME | MILLER, SANFORD |
| STREET ADDRESS | 444 SEABREEZE BOULEVARD, SUITE 1002 |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

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

Sanford Miller
SANFORD MILLER

4/22/08
4/22/08

Date

386-238-7035
386-238-7035

Daytime Phone #