
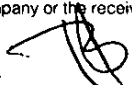


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90375 036 \*\*\*\*50.00

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # L06000015900</b><br>1. Entity Name<br><b>BASIL INVESTMENT, LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>3204 SE 1ST AVENUE<br/>CAPE CORAL, FL 33904 US</b>   |  |  | Mailing Address<br><b>3204 SE 1ST AVENUE<br/>CAPE CORAL, FL 33904 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |  |  |
| City & State   |  | City & State   |  |  |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number <b>N/A</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input checked="" type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |  | 04042007 Chg-LLC CR2E083 (12/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LIEBL, BRIAN<br/>3204 SE 1ST AVENUE<br/>CAPE CORAL, FL 33904</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, BRIAN<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, LINDA<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, LINDA<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, LINDA<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, LINDA<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, LINDA<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, LINDA<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LIEBL, LINDA<br>3204 SE 1ST AVENUE<br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                              |  |  |  |
| 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. |  |  |  |  |  |
| <b>SIGNATURE:</b>  <b>BRIAN LIEBL</b>   |  | Date <b>4/20/07</b> Daytime Phone # <b>239-936-7557</b>      |  |  |  |