


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

1. Mar 07, 2008 8:00 am
Secretary of State

01-22-2008 90121 016 ***138.75

DOCUMENT # L07000000050			
1. Entity Name THE BOOK BASKET, LLC			
Principal Place of Business 3546 S. SUNCOAST BLVD. HOMOSASSA, FL 34448 US		Mailing Address 3546 S. SUNCOAST BLVD. HOMOSASSA, FL 34448 US	
2. Principal Place of Business - No P.O. Box # 7863 W. Homosassa Trail Suite, Apt. #, etc.		3. Mailing Address 7863 W. Homosassa Trail Suite, Apt. #, etc.	
City & State Homosassa Florida		City & State Homosassa Florida	
Zip 34448		Zip 34448	
Country United States		Country United States	
4. FEI Number 590-14-9966		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAZO, DAISY E. 8928 W. WHITE DOGWOOD DR. HOMOSASSA, FL 34448		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Daisy Bazo</u> <u>Daisy Bazo</u>		Date: <u>1/17/08</u> Daytime Phone #: <u>352-621-0600</u>	