## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L9600000440

BASIK DEVELOPMENT, LLC

DOCUMENT #

1. Entity Name

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90256 024 \*\*\*\*50.00

960529

DO N	TOV	WRITE	IN	THIS	SPACE
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2. Principal Place of Business 3. Mailing Address 720 GOODLETTE ROAD 720 GOODLETTE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 305 SUITE 305 City & State City & State 4. FEI Number Applied For NAPLES, FL NAPLES, FL 65-0594317 Not Applicable Country 34102 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent							
Name	BASIK						
Street Ad	ddress (P.O. Box Number is Not Acceptable)						
720	GONDIETTE COAD STITE 200	_					

IE KOAD, SUITE 305 City NAPLES 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.

LARRY BASIK SIGNATURE X Signature, typed or printed name of FEE IS \$50.00 Ē. Make Check Payable to Department of State

DUE BY MAY 1 MANAGING MEMBERS/MANAGERS MGRHU TITLE TITLE BASIK, LARRY NAME NAME 1100 ROYAL PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP MGRM TITLE NAME BASIK, JEFFREY NAME STREET ADDRESS 7870 EAGLES FLIGHT LAKE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP --TITLE MGRHU TITLE NAME BASIK, KEITH A NAME STREET ADDRESS 1100 ROYAL PALM DRIVE NAPLES, FL 34103 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fimilted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-SY-ZIP

TITLE

NAME

X LAMBRY BOSIK SIGNATURE: A

239 - 262 - 4622