

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003193

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Entity Name:** BASIL STREET PARTNERS LLC

**Current Principal Place of Business:**

3530 KRAFT RD STE 300  
NAPLES, FL 34105

**New Principal Place of Business:**

3530 KRAFT RD STE 204  
NAPLES, FL 34105

**Current Mailing Address:**

3530 KRAFT RD STE 300  
NAPLES, FL 34105

**New Mailing Address:**

3530 KRAFT RD STE 204  
NAPLES, FL 34105

**FEI Number:** 20-0218740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GFPAC SERVICES LLC  
5551 RIDGEWOOD DR STE 501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NAPLES BAY RESORT HOLDINGS, LLC  
Address: 3530 KRAFT RD STE 300  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NAPLES BAY RESORT HOLDINGS, LLC  
Address: 3530 KRAFT RD STE 204  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS A MACIVOR

MGR

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date