

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014588

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: BIG PLANS, LLC

**Current Principal Place of Business:**

161 ARAGON AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

161 ARAGON AVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 56-2283686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEFFENS, F. MICHAEL  
161 ARAGON AVENUE  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: STEFFENS, MICHAEL  
Address: 615 OCEAN DR #2A  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete  
Name: GOLDMAN, MARJORIE  
Address: 615 OCEAN DR. #2A  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STEFFENS, MICHAEL  
Address: 4501 SANTA MARIA STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Change ( ) Addition  
Name: GOLDMAN, MARJORIE  
Address: 4501 SANTA MARIA STREET  
City-St-Zip: CORAL GABLES, FL 33146

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: F. MICHAEL STEFFENS

MGMR

02/22/2008

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