


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90072 025 \*\*\*\*\*50.00

<b>DOCUMENT # L04000065886</b> 1. Entity Name BIG, LLC	
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Principal Place of Business 2550 SE WILLOUGHBY BOULEVARD STUART, FL 34994	Mailing Address 2550 SE WILLOUGHBY BOULEVARD STUART, FL 34994
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20000170



01172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1110187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GOOGE, HOWARD E JR ESQ 401 E. OSCEOLA STREET STUART, FL 34994
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSSO, CHRISTOPHER 603 N INDIAN RIVER DR, STE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOGAL, CHRISTOPHER 603 N INDIAN RIVER DR, STE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATAKRETIS, MICHAEL 603 N INDIAN RIVER DR, STE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LASKARIS, SPIRO 603 N INDIAN RIVER DRIVE, STRE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOOGE, HOWARD 401 EDSCADE ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1-24-06</b> <b>772-2170749</b> <small>Date Daytime Phone #</small>
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