


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 008 ****50.00

DOCUMENT # L05000043891

1. Entity Name
 BIG 47, L.L.C.



Principal Place of Business
 10556 NW 26TH ST, #D-101
 DORAL, FL 33172

Mailing Address
 10556 NW 26TH ST, #D-101
 DORAL, FL 33172

2. Principal Place of Business
 10544 NW 26 St.

3. Mailing Address
 10544 NW 26 St.


Suite, Apt. #, etc. E 202

City & State Doral, FL

City & State Doral, FL

Zip 33172 Country U.S.A.

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08032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2780951

Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.
 10520 NW 26TH ST, STE C-201
 DORAL, FL 33172

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 _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCATTOLINI, MAURO	
STREET ADDRESS	10556 NW 26TH ST, #D-101	
CITY-ST-ZIP	DORAL, FL 33172	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ECHVERRIA, RICARDO	
STREET ADDRESS	7102 NW 112 CT	
CITY-ST-ZIP	DORAL, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scattolini, Mauro	
STREET ADDRESS	10544 NW 26 St. - E202	
CITY-ST-ZIP	Doral, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joseph F. Cabanas 08/03/06 (305) 5941098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Joseph F. Cabanas