


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-07-2006 90110 002 ****50.00

DOCUMENT # L05000044957

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



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

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

2. Principal Place of Business
 10544 NW 26 ST. E 202


3. Mailing Address
 10544 NW 26 St. E 202

City & State
 Doral, FL

City & State
 Doral, FL

Zip
 33172

Country
 U.S.A.



06092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2794726

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 CABANAS & ASSOCIATES, P.A.
 10520 NW 26TH STREET, C201
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGR. Echeverria, Ricardo
STREET ADDRESS		STREET ADDRESS	10544 NW 26 St. - E 202
CITY-ST-ZIP		CITY-ST-ZIP	Doral, FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGR Scattolini, Mauro
STREET ADDRESS		STREET ADDRESS	10544 NW 26 St. - E 202
CITY-ST-ZIP		CITY-ST-ZIP	Doral, FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  Date: 08/23/06 (305) 5941098 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mauro Scattolini