


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

DOCUMENT # A07000000594 1. Entity Name BIGEMINY, LLLP	
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Principal Place of Business C/O 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 US	Mailing Address C/O 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

	
0112008	Chg-LP CR2E003 (12/06)
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433

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.

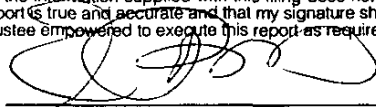
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

500122542105
 04/08/08--01005--010 **\$500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L07000039927	STREET ADDRESS	
NAME	BIGEMINY HOLDINGS, LLC	CITY-ST-ZIP	
STREET ADDRESS	C/O 7000 WEST PALMETTO PARK ROAD, STE 310		
CITY-ST-ZIP	BOCA RATON, FL 33433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **ELIZABETH ROGERS** 3/15/08 305.604.0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE