


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90074 042 ****50.00

DOCUMENT # L00000010655

1. Entity Name
BIG ORANGE PROPERTIES, LLC



Principal Place of Business
 1903 S 25TH ST
 SUITE 200
 FT PIERCE, FL 34947

Mailing Address
 1903 S 25TH ST
 SUITE 200
 FT PIERCE, FL 34947

24060930



2. Principal Place of Business
805 Virginia Avenue
 Suite, Apt. #, etc.
Suite 25
 City & State
Fort Pierce FL
 Zip
34982 Country

3. Mailing Address
805 Virginia Avenue
 Suite, Apt. #, etc.
Suite 25
 City & State
Fort Pierce FL
 Zip Country

04182004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
DOBBINS, W. LEE
 1903 S 25TH ST
 SUITE 200
 FT PIERCE, FL 34947

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
805 Virginia Avenue
Suite 25
 City **Fort Pierce** **FL** Zip Code **34982**

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 *W. Lee Dobbins* **W. Lee Dobbins** **4/20/04**
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEENAN, DANA TRUSTEE <input type="checkbox"/> Delete 1903 S 25TH ST #200 FT PIERCE, FL 34947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mattox, Dana Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 805 Virginia Avenue #25 Fort Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mattox* **Mattox** **4/20/04**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #