## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

## DOCUMENT # L00000010655

1. Entity Name

**BIG ORANGE PROPERTIES, LLC** 



Principal Place of Business

805 VIRGINIA AVE., STE 25 FORT PIERCE, FL 34982 Mailing Address

805 VIRGINIA AVE., STE 25 SUITE 200

FORT PIERCE, FL 34982

## FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90259 044 \*\*\*\*50.00

60048167



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOBBINS, W. LEE 805 VIRGINIA AVE., STE 25 FORT PIERCE, FL 34982

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of char<br>tions of registered agent. | nging its registere | d office or registered agent, or both, in the Stat | e of Florida. I am familiar with, and | accept |
|--------------------------|---|---------------------|--|---------------------------------------|--------|
| SIGNATURE.               |   |                     |  |                                       |        |
|                          | Signature, typed or printed name of registered agent and title if applicable.             | (NOTE: Hegistered   | Agent signature required when reinstating)         | DATE                                  |        |
| F<br>D                   | iling Fee is \$50.00<br>ue by May 1, 2007   |                     |  |                                       |        |
| 9.                       | MANAGING MEMBERS/MANAGERS   |                     | ,  |                                       |        |
| TITLE                    | TR  |                     |  | •                                     |        |
| NAME                     | MATTOX, DANA  |                     |  |                                       |        |
| STREET ADDRESS           | 805 VIRGINIA AVENUE SUITE 25  |                     |  | -                                     |        |
| CITY-ST-ZIP              | FORT PIERCE, FL 34982   |                     |  | , m. *                                |        |
| TITLE                    |   |                     |  | process to                            |        |
| NAME                     |   |                     |  |                                       |        |
| STREET ADDRESS           |   |                     |  |                                       |        |
| CITY-ST-ZIP              |   |                     |  |                                       |        |
| TITLE                    |   |                     |  |                                       |        |
| NAME                     |   |                     |  |                                       |        |
| STREET ADDRESS           |   |                     | DO NOT   | WDITE                                 |        |
| CITY-ST-ZIP              |   |                     | וטא טם   | VVKIIE                                |        |
| TITLE                    |   |                     | IN THIS  | SDACE                                 | . 1    |
| NAME                     |   |                     | 114 ,11110   | SPACE                                 |        |
| STREET ADDRESS           |   |                     |  |                                       |        |
| CITY-ST-ZIP              |   |                     |  | •                                     | ,      |
| TITLE                    |   |                     |  | ,                                     |        |
| NAME                     |   |                     |  | •                                     |        |
| STREET ADDRESS           |   |                     |  |                                       |        |
| CITY-ST-ZIP              |   |                     |  | •                                     |        |
| TITLE                    |   |                     |  |                                       |        |
| NAME                     |   |                     |  | · •                                   |        |
| STREET ADDRESS           |   |                     | •  |                                       |        |
| CITY-ST-ZIP              |   |                     | u.   | *                                     |        |

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.