
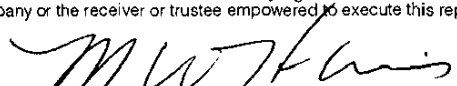


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90223 042 \*\*\*\*50.00

<b>DOCUMENT # L01000008642</b>					
<b>1. Entity Name</b> BIG PINE CAPITAL FUNDING, LLC					
<b>Principal Place of Business</b> 766 HUDSON AVENUE SARASOTA, FL 34236			<b>Mailing Address</b> 200 S ORANGE AVE SARASOTA, FL 34236		
<b>2. Principal Place of Business</b> 3277 Fruitville Rd		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. BLDG F		Suite, Apt. #, etc.			
<b>City &amp; State</b> SARASOTA, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1114909	
<b>Zip</b> 34237		<b>Country</b> SARASOTA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STRELEC, FRANK 200 S ORANGE AVE SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, MICHAEL 330 S. PINEAPPLE AVE. SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWKINS, MICHAEL 330 S. PINEAPPLE AVE. SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWKINS, MICHAEL 330 S. PINEAPPLE AVE. SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWKINS, MICHAEL 330 S. PINEAPPLE AVE. SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWKINS, MICHAEL 330 S. PINEAPPLE AVE. SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWKINS, MICHAEL 330 S. PINEAPPLE AVE. SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> 		2/21/06 941/302 8015			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					