## 2007 LIMITED LIABILITY COMPANY

#### **ANNUAL REPORT** DOCUMENT # L01000008642 1. Entity Name **BIG PINE CAPITAL FUNDING, LLC**



Principal Place of Business

3277 FRUITVILLE RD BLDG F SARASOTA, FL 34237

Mailing Address

200 S ORANGE AVE SARASOTA, FL 34236

# **FILED** Mar 01, 2007 8:00 am Secretary of State

03-01-2007 90190 001 \*\*\*\*50 00

60020129



### DO NOT WRITE IN THIS SPACE

02252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1114909

Applied For Not Applicable

5. Certificate of Status Desired

-26-07

Date

941-366-1040

Daytene Phone #

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRELEC, FRANK 200 S ORANGE AVE SARASOTA, FL 34236

SIGNATURE: 1

### DO NOT WRITE IN THIS SPACE

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 FM Shelse 1 1/17/67			
SIGNATURE.	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, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	HAWKINS, MICHAEL		
STREET ADDRESS	330 S. PINEAPPLE AVE.		
CTTY-ST-ZIP	SARASOTA, FL 34236		
MILE			
NAME	•		
STREET ADDRESS			
CITY-ST-ZIP			
mle			
NAME			
STREET ADDRESS		DO NOT MIDITE	
CITY-ST-ZIP		DO NOT WRITE	
TITLE		IN THIS SPACE	
NAME		IN THIS SPACE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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.			

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

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