2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000009556

1. Entity Name

BIG T AUTO SALVAGE, L.L.C.

Principal Place of Business	Mailing Address
3900 CEMETERY RD SEBRING, FL 33870	3900 CEMETERY RD SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1109495	Not Applicable

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

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6. Name and Address of Current Registered Agent

REED, JIM
3900 CEMETERY ROAD
SEBRING, FL 33870

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IN THIS SPACE

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 _____

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, 2006

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9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	J REED FAMILY LLC
STREET ADDRESS	3900 CEMETARY ROAD
CITY-ST-ZIP	SEBRING, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE: _~Jim Reed~_   1/5/06   863-385-6196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #