FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2002 8:00 am Secretary of State DOCUMENT # L01000010700 05-22-2002 90202 006 ****50.00 **BIG OAK VENTURE, LLC** Principal Place of Business Mailing Address 4340 HICKORY SHORES BLVD. 4340 HICKORY SHORES BLVD. GUILF BREEZE FL 32561 GULF BREEZE FL 32561 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 31387 Not Applicable Country \$5.00 Additional Fee Required Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent =Name WARD, RONALD Street Address (P.O. Box Number is Not Acceptable) 4340 HICKORY SHORES BLVD. **GULF BREEZE FL 32561** Zip Code Clty 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition TITLE ☐ Change CR2E083 (9/01 TITLE MGRM ☐ Delete NAME REWARD, LTD. NAME STREET ADDRESS STREET ADDRESS 4340 HICKORY SHORES BLVD. CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flustes employered to execute this report as required by Chapter 608, Florida Statutes.