## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000012132** 

1. Entity Name BIG FIN VENTURES, L.C.



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED AIR PRINTED NAME OF SK

1877 SOUTH FEDERAL HIGHWAY ONE ROYAL PALM PLACE - SECOND FLOOR BOCA RATON, FL 33432 Mailing Address

1877 SOUTH FEDERAL HIGHWAY ONE ROYAL PALM PLACE - SUITE #210 BOCA RATON, FL 33432 FILED Jul 16, 2004 08:00 AM Secretary of State



07012004 No Chg-LLC

CR2E083 (10/03)

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65-1126453	<u> </u>		Not Applicable
4. FEI Number			Applied For

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, GREGORY W 1877 SOUTH FEDERAL HIGHWAY ONE ROYAL PALM PLACE - SECOND FLOOR BOCA RATON, FL 33432

DO	NOT	WRITE
IN	THIS	SPACE

the obligat	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typod or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE		
	ing Fee is \$50.00 by September 8, 2004		U00000165749 07/16/04-80009-014 50.00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, GREGORY W 1877 SOUTH FEDERAL HIGHWAY STE 210 BOCA RATON, FL 33432		·-·-		
TITLE Hame Street address City-St-Zip	MGRM SPIEKER, CHRISTIAN D 2831 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064				
TITLE NAME STREET ADDRESS CITY-ST-ZBP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CATY-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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE