

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012132

Entity Name: BIG FIN VENTURES, L.C.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

1877 SOUTH FEDERAL HIGHWAY  
ONE ROYAL PALM PLACE - SUITE #210  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 65-1126453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARDS, GREGORY W  
1877 SOUTH FEDERAL HIGHWAY  
ONE ROYAL PALM PLACE, SUITE #210  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: EDWARDS, GREGORY W  
Address: 1877 SOUTH FEDERAL HIGHWAY STE 210  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: KORNAHRENS, ROBERT P  
Address: 4000 N.E. 31ST AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY W. EDWARDS

MGRM

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date