

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000022828

1. Entity Name
BIGGS FAMILY LLC



Principal Place of Business
**801 SW SAN ANTONIO DRIVE
PALM CITY, FL 34990**

Mailing Address
**801 SW SAN ANTONIO DRIVE
PALM CITY, FL 34990**



01062007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0617994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BIGGS, ARTHUR E
801 SW SAN ANTONIO DRIVE
PALM CITY, FL 34990**

**DO NOT WRITE
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)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000581767
01/11/07-80004-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BIGGS, ARTHUR
801 SW SAN ANTONIO DRIVE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BIGGS, CHARLOTTE E
801 SW SAN ANTONIO DRIVE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BIGGS III, ARTHUR E
4401 SW BIMINI CIRCLE N
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BIGGS, WILLIAM E
4456 SW BIMINI CIRCLE S
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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: Arthur E. Biggs Arthur E. Biggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/07 772-597 5862