## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014588

Entity Name: BIG PLANS, LLC

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

161 ARAGON AVE CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

161 ARAGON AVE CORAL GABLES, FL 33134

FEI Number: 56-2283686 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEFFENS, F. MICHAEL

165 ARAGON AVENUE

CORAL GABLES, FL 33134 US

STEFFENS, F. MICHAEL

161 ARAGON AVENUE

CORAL GABLES, FL 33134 US

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: 01/28/2005

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: P ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 STEFFENS, MICHAEL
 Name:
 STEFFENS, MICHAEL

 Address:
 615 OCEAN DR #2A
 Address:
 615 OCEAN DR #2A

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

Title: VP ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 GOLDMAN, MARJORIE
 Name:
 GOLDMAN, MARJORIE

 Address:
 615 OCEAN DR. #2A
 615 OCEAN DR. #2A

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 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: F. MICHAEL STEFFENS MGR 01/28/2005