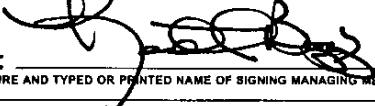


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 30, 2007 8:00 am  
Secretary of State**

04-30-2007 90050 037 \*\*\*\*50.00

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<b>DOCUMENT # L02000020472</b>			
<p>1. Entity Name <b>CLAYTON FRANK AND BIGGS FUNERAL HOME, LLC</b></p>			
Principal Place of Business <b>402 CYPRESS AVENUE CRESCENT CITY, FL 32112-2707</b>		Mailing Address <b>402 CYPRESS AVENUE CRESCENT CITY, FL 32112-2707</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THERRELL, JAMES J JR ESQ ZIMMERMAN, SHUFFIELD, KISER &amp; CUTCLIFFE 215 EAST ROBINSON STREET, SUITE 600 ORLANDO, FL 32801</b>		Name <b>Thorrell, James J. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>140 Gaia Circle</b> City <b>Daytona Beach</b> FL <b>32124</b>	
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 <input type="text"/> (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE <input type="text"/>			
<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE <b>MGR</b> NAME <b>BIGGS, KENNETH L</b> STREET ADDRESS <b>402 CYPRESS AVENUE</b> CITY-ST-ZIP <b>CRESCENT CITY, FL 321122707</b>		10. ADDITIONS/CHANGES <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>			
<b>SIGNATURE:</b> 		<b>Kenneth L. Biggs</b> <b>4/26/07 386-698-1621</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date <input type="text"/> Daytime Phone # <input type="text"/>	