

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**05 APR 29 PM 5:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L02000023290**

**1. Entity Name  
BIG FOUR INVESTMENTS, LLC**



**Principal Place of Business  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**

**Mailing Address  
PO BOX 41847  
SAINT PETERSBURG, FL 33743**



**DO NOT WRITE IN THIS SPACE**

04062005 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number  
14-1846913**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHER, CRAIG H  
C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**

**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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHER, CRAIG H  
5858 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33707**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

000054755120  
05/19/05-01006--025 \*\*\$5.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

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

**4/19/05**

Date

**727-384-6000**

Daytime Phone #

**CRAIG H. SHER, MANAGER/MEMBER**