2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

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DOCUMENT # L03000008016				Secreta	ry of State	
1. Entity Name BIG STUFF ENTERPRISES, LLC				.)		
big 310	II LIVILIA NOLO, LLO					
			600			
	os of Business	Mailing Address		1	4	
4500 PGA BLVD., SUITE 206 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33			; 22/10			
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				04142005 No Chg-LLC CR2E	083 (10/03)	
Г	O NOT WRIT	E IN THIS SPA	CF	<u></u>		
DO NOT WHITE IN TIME OF A				4, FEI Number 81-0604251	Applied For Not Applicable	
				 	\$5.00 Additional	
<u></u>				s, certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent						
OWEN, JACK B JR				DO NOT WRITE	- -	
	BLVD., SUITE 206	- -				
PALM BEACH GARDENS, FL 33418			1	IN THIS SPACE		
}			ļ			
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 a	genf and little if applicable. [NOTE: Registe	red Agent signature required	d when reinstating) DATE		
	lling Eas is \$50.00					
Filing Fee is \$50.00 Due by May 1, 2005				U00000319068	?	
	==	In Find (CANA) A Differ	The second secon	Q4/20/05-80094-	<u>-009 50 00 </u>	
9. TITLE	MANAGING MEN	MBERS/MANAGERS	-			
NAME	CHARBONEAU, B L					
STREET ADDRESS	2992 CONIFER DRIVE	•		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
CITY-ST-ZIP	FT. PIERCE, FL 34951					
TITLE						
NAME STREET ADDRESS						
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TITLE NAME]			
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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: BL Charbon eque signature and typed or printed name of signing managing member, or authorized representative

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

4-18-05

772-461-6869

Daytime Phone #