



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90028 010 ****50.00

DOCUMENT # L03000008252					
1. Entity Name BIG SKY PROPERTIES, LLC					
Principal Place of Business 2200 CORPORATE BLVD. N.W., SUITE 401 BOCA RATON, FL 33431			Mailing Address 2200 CORPORATE BLVD. N.W., SUITE 401 BOCA RATON, FL 33431		
2. Principal Place of Business 1455 Isabel Rd Este Suite, Apt. #, etc.		3. Mailing Address 1455 Isabel Rd Este Suite, Apt. #, etc.			
City & State Boca Raton, FL Zip 33486 Country Palm Beach		City & State Boca Raton, FL Zip 33486 Country Palm Beach		01222004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 45-0505814				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD. N.W., SUITE 401 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name <u>Ryan Shoup</u> Street Address (P.O. Box Number is Not Acceptable) <u>1455 Isabel Rd Este</u> <u>Boca Raton, FL 33486</u> City <u>FL</u> Zip Code		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/7/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ryan D. Shoup 1455 Isabel Este Road Boca Raton, FL 33486	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/7/04</u> Daytime Phone # <u>561 393 2458</u>		