

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018232

1. Entity Name

BIG PINE INVESTORS, LLC



Principal Place of Business

1661 OLD HENDERSON ROAD
COLUMBUS, OH 43220

Mailing Address

1661 OLD HENDERSON ROAD
COLUMBUS, OH 43220



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2098042

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIESKY, JAMES
1000 NORTH TAMiami TRAIL
SUITE 201
NAPLES, FL 34102

**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

(If CTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

U00000542526
05/10/06-80098-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	T
NAME	EVENSON, K. ROBERT SR.
STREET ADDRESS	1661 OLD HENDERSON RD.
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	S
NAME	EVENSON, K. ROBERT JR.
STREET ADDRESS	1661 OLD HENDERSON RD.
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

K. Robert Evenson, Jr. 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(Print the Name)