2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006, 08:00 Al

DOCUMENT # L03000020389 1. Enlity Name BIG HILL PROPERTIES, LLC							Šecre	tary of	State
Principal Place of Business 4420 N.W. 28TH WAY BOCA RATON, FL 33434			Mailing Address 4420 N.W. 28TH WAY BOCA RATON, FL 33434				## ###################################		
2. Principal Place of Business			3. Mailing Address						
Suite Apr #, etc			Suite, Apt #, etc.			04262006	Chg-LLC CF	12E083 (11/05)	-
City & State			City & State		4. FEI Num 14-18	ber 87164	No	oplied For of Applicable	
Ζιρ	Country		Zip Country		atry		te of Status Desired	\$5.00 Add Fee Require	
	6, Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name				
MANSOUM 4420 N.W. BOCA RA	. 28TH WA	·Υ	Street Address		(P.O. Box Number is Not Acceptable)				
BOOKIVIION, LE 00404			City				E	P	
& The shows	named eatily	enhance this statement for	r the ourgone of changing its	ragistar	İ	red agent or h		rl ì	
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 table if applicable (NOTE Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2006								ck payable to artment of State	3
9.	T = -	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHAN		
TITLE NAME	P MANSSO	JRIAN, GRETHEN	☐ Delete	TITLE NAM				Change	Addition
STREET ADDRESS	4420 NW	28TH WAY		STRE	ET ADDRESS		U00000549	490	
CRY ST ZIP	BOCA RA	TON, FL 33434	☐ Delete	CITY	SI-ZIP	05/13/06-80024-005_5000 ☐ Change ☐ Addition			
NAME]	RIAN, VARTGEZ		NAM				C Orleads	C võottou
STREET ADDRESS CITY ST-ZIP	i	28TH WAY TON, FL 33434			ET ADGRESS -S1-ZIP				
DILE	□ Delate				-			Change	Addition
NAME STREET ADDRESS				MAM	E Et address				
CITY ST ZIP				i i	-SI-ZIP				:
PILE	☐ Delete			THE	1			Change	Addition
NAME STREET ADORESS				NAME STREET ADDRESS					
CITY-ST ZIP				CITY	-\$1-ZIP				
HILE NAME			☐ Defete	TITLE	i			☐ Change	Addition
STREET ADDRESS				•	E1 ADDRESS				
CITY ST ZIP			C Ontale	-	-ST-ZIP			Changa	. Addition
NAM:			☐ Delele	NAMI	i			☐ Change	∐ Addition
STRLET AGURESS CITY ST ZIP					ET ADDRESS - SI - ZIP				
11. Thereby 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.									
A Lave C									
SIGNATURE: 400 TO PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 129-101-101-101-101-101-101-101-101-101-10									

THE END TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE