2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L04000020578

Entity Name: BIG 5 LLC

Current Principal Place of Business:

2664 YARMOUTH DR
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2664 YARMOUTH DR
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-2399631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHABORT, KARIN
2664 YARMOUTH DR
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SCHABORT, JOHANNES C
2664 YARMOUTH DR
WELLINGTON, FL 33414 US

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.

SIGNATURE: JC SCHABORT 03/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHABORT, KARIN MRS
Address: 2664 YARMOUTH DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete
Name: SCHABORT, JOHANNES C MR
Address: 2664 YARMOUTH DR
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHABORT, JOHANNES C MR
Address: 2664 YARMOUTH DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Change ( ) Addition
Name: SCHABORT, KARIN MRS
Address: 2664 YARMOUTH DR
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JC SCHABORT MGRM 03/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date