


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000042418 1. Entity Name A. E. BIGGS PARTNERS, LLC		
Principal Place of Business 4401 S.W. BIMINI CIRCLE NORTH PALM CITY, FL 34990	Mailing Address 4401 S.W. BIMINI CIRCLE NORTH PALM CITY, FL 34990	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BIGGS, ARTHUR E III 4401 S.W. BIMINI CIRCLE NORTH PALM CITY, FL 34990		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, ARTHUR E III 4401 S.W. BIMINI CIRCLE NORTH PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, ARTHUR E 801 SW SAN ANTONIO AVE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, CHARLOTTE E 801 SW SAN ANTONIO AVENUE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 606, Florida Statutes.		
SIGNATURE: <u>Arthur E. Biggs</u> <u>Arthur E Biggs</u>		1/7/07 772-597 5862
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1319448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/11/07-80003-022 50.00

**DO NOT WRITE
IN THIS SPACE**