


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000043284	
1. Entity Name BIG TIMBER SALES, LLC	

Principal Place of Business 5465 CAURUS CT ORLANDO, FL 32808	Mailing Address 5465 CAURUS CT ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



04212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1230242	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 SLEPIN, STEPHEN M 1026 EAST PARK AVENUE TALLAHASSEE, FL 32301 <i>Stephen M. Slepín</i>

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000735678
05/10/07-80042-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SEBENY, DANIEL L 5465 CAURUS CT ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYNCH, LILLYL G 5465 CAURUS CT ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEBENY, KATHLEEN S 5465 CAURUS CT ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *Kathleen Sebenny* 4-22-2007 407-646-3759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #