

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

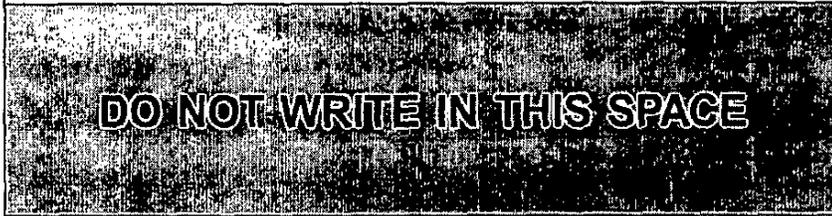
FILED
Apr 26, 2007 08:00 AM
Secretary of State

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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04212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1230242	Applied For 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

Stephen M. Slepín



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.

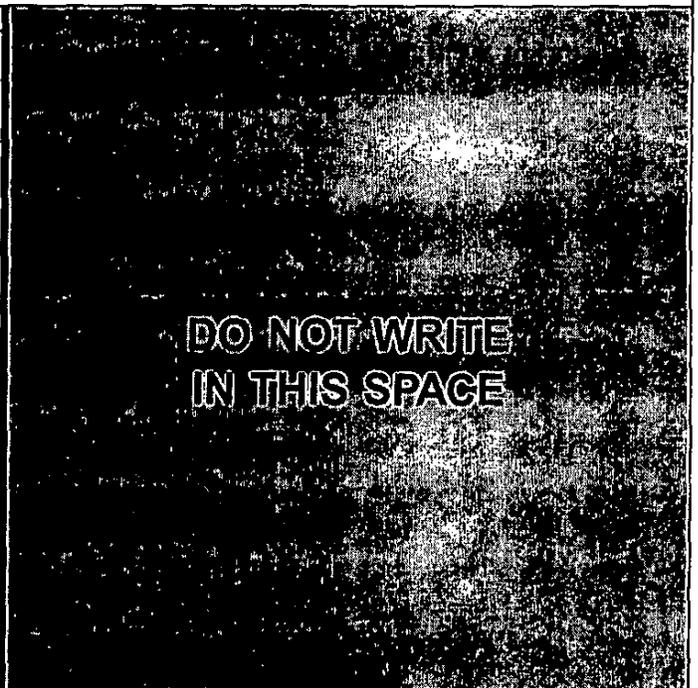
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000735678
 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	
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 608, Florida Statutes.

SIGNATURE: *Kathleen Sebny* 4-22-2007 407-646-3759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #