


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90180 001 \*\*\*\*50.00

<b>DOCUMENT # L04000059108</b>					
<b>1. Entity Name</b> <b>BIG JIM I, LLC</b>					
<b>Principal Place of Business</b> <b>3665 BEE RIDGE ROAD, SUITE 310</b> <b>SARASOTA, FL 34233</b>			<b>Mailing Address</b> <b>3665 BEE RIDGE ROAD, SUITE 310</b> <b>SARASOTA, FL 34233</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>56-2476339</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>CARRION, JAIME S</b> <b>3665 BEE RIDGE ROAD, SUITE 310</b> <b>SARASOTA, FL 34233</b>			<b>Name</b>		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			<b>City</b>		
			<b>FL</b>		<b>Zip Code</b>
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>CARRION, JAIME S</b> <input type="checkbox"/> Delete <b>3665 BEE RIDGE RD SUITE 310</b> <b>SARASOTA, FL 34233</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carrion, Jaime S.</b> <b>3665 Bee Ridge Rd, Suite 310</b> <b>Sarasota, FL 34233</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>McSweeney, Anina C.</b> <b>3665 Bee Ridge Rd., Suite 310</b> <b>Sarasota, FL 34233</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Sec-Treas.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thomas, Dora Maria C.</b> <b>3665 Bee Ridge Rd., Suite 310</b> <b>Sarasota, FL 34233</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>2/14/2007 941-923-4551</b> <small>Date Daytime Phone #</small>		