


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90072 025 ****50.00

DOCUMENT # L04000065886	
1. Entity Name BIG, LLC	

Principal Place of Business 2550 SE WILLOUGHBY BOULEVARD STUART, FL 34994	Mailing Address 2550 SE WILLOUGHBY BOULEVARD STUART, FL 34994
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40000170



DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1110187	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

GOOGE, HOWARD E JR ESQ
401 E. OSCEOLA STREET
STUART, FL 34994

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 _____ 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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSSO, CHRISTOPHER 603 N INDIAN RIVER DR, STE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOGAL, CHRISTOPHER 603 N INDIAN RIVER DR, STE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATAKRETIS, MICHAEL 603 N INDIAN RIVER DR, STE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LASKARIS, SPIRO 603 N INDIAN RIVER DRIVE, STRE 300 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOOGE, HOWARD 401 EDSCADE ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1-27-06 772-219-0749**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #