2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L04000066161



FILED

Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90077 017 ****50.00

20024157

Change

☐ Addition

1. Entity Name B.I.G. #1, LLC

Principal Place of Business

Mailing Address

3. Mailing Address

835 WILDWOOD DRIVE BARTOW, FL 33830

2. Principal Place of Business

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

PEDROSO, VIVIANA C

LAKELAND, FL 33803

2964 SHOAL CREEK VILLAGE

835 WILDWOOD DRIVE BARTOW, FL 33830

NAME STREET ADDRESS 13305 WATERFORD RUN STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE MGRM PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP NAME 2964 SHOAL CREEK VILLAGE LAKELAND, FL 33803 NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP					l l				
Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional \$6.00 Addi	Suite, Apt. #, etc.		Suite, Apt. #. etc.		03172006 Cr	ng-LLC	CR2E08	33 (11/05)	
Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required	City & State		City & State		4. FEI Number			Ар	plied For
ALVAREZ, MARIA L 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: Fee Required					55-0882288	3		No	t Applicable
ALVAREZ, MARIA L 835 WILDWOOD DRIVE BARTOW, FL 33830 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code	Zip	Country	Zip Country						
ALVAREZ, MARIA L 836 WILDWOOD DRIVE BARTOW, FL 33830 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code		6. Name and Address of Current F	Registered Agent	1	7. Name and Address of New Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				Name					'
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and size of appdicable. (NOTE Registered Agent signature required when reinstating) 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES 17TILE MGRM Delete NAME ALVAREZ, MARIA L NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP MGRM Delete NAME ALVAREZ, CARLOS STREET ADDRESS STATE OF TABLES STREET ADDRESS STATE OF TABLES STATE OF	835 WILDWOOD DRIVE BARTOW FL 33830			Street Address (P.O. Box Number is Not Acceptable)					
THE DELEGATION STORES STORES AND PETER ADDRESS STREET ADDRESS STORES AND PETER ADDRESS STREET ADDRESS STORES AND STREET ADDRESS STORES AND STREET ADDRESS STORES AND STORES AND STORES AND STREET ADDRESS STORES AND STORES		·	; ;	City			FL	Zip Code)
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM	the obligat	tions of registered agent.				-			
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM									
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM' Delete ITILE NAME ALVAREZ, MARIA L STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP CITLE MGRM Delete NAME SIREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-S						, ,			
TITLE NAME ALVAREZ, MARIA L STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	D	ue by May 1, 2006				Florida	Departme	int of State)
TITLE NAME ALVAREZ, MARIA L STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME		v'	70.44114.0550			40017101101101	20000		
NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM ALVAREZ, CARLOS STREET ADDRESS CITY-ST-ZIP TITLE NAME ALVAREZ, CARLOS STREET ADDRESS CITY-ST-ZIP TITLE MGRM ALVAREZ, CARLOS STREET ADDRESS CITY-ST-ZIP TITLE MGRM CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM CITY-ST-ZIP TITLE MGRM PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP TITLE NAME PEDROSO, ROBERTO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		•		ADDITIONS/C	HANGES		
STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 TITLE MGRM ALVAREZ, CARLOS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MGRM ALVAREZ, CARLOS STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP TITLE MGRM BARTOW, FL 33830 CITY-ST-ZIP TITLE MGRM BARTOW, FL 33830 CITY-ST-ZIP TITLE MGRM MGRM MGRM MGRM MGRM MGRM MGRM MGR			L. Delete						☐ Addition
CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP TITLE MGRM Delete TITLE NAME ALVAREZ, CARLOS STREET ADDRESS 835 WILD WOOD DRIVE STREET ADDRESS CITY-ST-ZIP TITLE MGRM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DELETE DELETE DELETE DELETE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	· ·							
TITLE MGRM Delete TITLE NAME ALVAREZ, CARLOS NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP TITLE NAME ENRIQUEZ, CARMEN NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	-			1					
NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM STREET ADDRESS CITY-ST-ZIP TITLE NAME ENRIQUEZ, CARMEN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP TITLE NAME PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 TITLE MGRM ENRIQUEZ, CARMEN NAME STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 STREET ADDRESS CITY-ST-ZIP	TITLE	· -	☐ Delete					Change	Addition
CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP TITLE MGRM ENRIQUEZ, CARMEN NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP		· ·= · - · · ·							
Delete	*								
NAME STREET ADDRESS 13305 WATERFORD RUN STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE NAME PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE MGRM PEDROSO, ROBERTO STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE	MGRM	☐ Delete	TITLE				Change	Addition 🔲
CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE MGRM PEDROSO, ROBERTO NAME STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME	ENRIQUEZ, CARMEN		NAME					
TITLE MGRM Delete TITLE NAME PEDROSO, ROBERTO NAME STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	13305 WATERFORD RUN		STREET ADDRESS					
NAME PEDROSO, ROBERTO NAME STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP	CITY-ST-ZIP	RIVERVIEW, FL 33569		CtTY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 NAME STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE	MGRM	☐ Delete	TITLE		-		☐ Change	Addition
CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP				NAME					
CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP	STREET ADDRESS	2964 SHOAL CREEK VILLAGE		STREET ADDRESS					
	CITY-ST-ZIP			CITY-ST-ZIP					
	TITLE	·	☐ Delete	TITLE	 .			☐ Change	Addition

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.

NAME

TITLE NAME STREET ADDRESS

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE