

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066161

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

835 WILDWOOD DRIVE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

835 WILDWOOD DRIVE
BARTOW, FL 33830

New Mailing Address:

FEI Number: 55-0882288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, MARIA L
835 WILDWOOD DRIVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVAREZ, MARIA L
Address: 835 WILDWOOD DRIVE
City-St-Zip: BARTOW, FL 33830

Title: MGRM () Delete
Name: ALVAREZ, CARLOS
Address: 835 WILDWOOD DRIVE
City-St-Zip: BARTOW, FL 33830

Title: MGRM () Delete
Name: ENRIQUEZ, CARMEN
Address: 13305 WATERFORD RUN
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: PEDROSO, ROBERTO
Address: 2964 SHOAL CREEK VILLAGE
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: PEDROSO, VIVIANA C
Address: 2964 SHOAL CREEK VILLAGE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA L. ALVAREZ

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date