


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000071722**

1. Entity Name  
**BIG BEND INVESTMENTS, LLC**



Principal Place of Business      Mailing Address

27001 U.S. HIGHWAY 19 NORTH STE. 2095      27001 U.S. HIGHWAY 19 NORTH STE. 2095  
 CLEARWATER, FL 33761      CLEARWATER, FL 33761

**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1704922</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHER, DAVID**  
 27001 U.S. HIGHWAY 19 NORTH STE. 2095  
 CLEARWATER, FL 33761

**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	MGRM SCHER, DAVID 27001 US HWY 19N STE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLACK, LOREN M 27001 US HWY 19 N, STE 2095 CLEARWATER, FL 33761
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 04/22/06-80017-004 55.00

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

**SIGNATURE:** *Loren M Pollack* **Loren M Pollack**      3/25/06 727 796-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #