2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State
05-04-2005 90035 038 ****50.00

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1. Entity Name
BIGCO, LLC

Principal Place of Business	Mailing Address
4245 MARINER BLVD. SPRING HILL, FL 34609	4245 MARINER BLVD. SPRING HILL, FL 34609

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		4652 LAKE IN THE WOODS DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SPRINGHILL FL.	
Zip	Country	Zip 34607	Country USA

4. FEI Number 20-1786924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELDREDGE, JAMES A 12512 CORRINE AVENUE SPRING HILL, FL 34609	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUBBARD, DAVID 4652 LAKE IN THE WOODS DR. SPRING HILL, FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David V. Hubbard II David V. Hubbard II 4/28/05 352 4420619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #