



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000039098</b> 1. Entity Name <b>BIG TREE FAMILY, LLC</b>	
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Principal Place of Business <b>P.O. BOX 54159 JACKSONVILLE, FL 32245-4159</b>	Mailing Address <b>P.O. BOX 54159 JACKSONVILLE, FL 32245-4159</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-LLC      CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

**MCQUAIG, DAVID H  
4745 SUTTON PARK COURT, SUITE 103  
JACKSONVILLE, FL 32224**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000757541  
05/23/07-80075-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PUTNAL, JAMES E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32226</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PUTNAL, DIANNA E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32226</b>
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Dianna E. Putnal **Dianna E. Putnal, mgrm. 4/27/07**

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