

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000039098	
1. Entity Name BIG TREE FAMILY, LLC	

Principal Place of Business P.O. BOX 54159 JACKSONVILLE, FL 32245-4159	Mailing Address P.O. BOX 54159 JACKSONVILLE, FL 32245-4159
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000757541
 05/23/07-80075-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUTNAL, JAMES E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUTNAL, DIANNA E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32226
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 #