2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000039098

1. Entity Name
BIG TREE FAMILY, LLC

Principal Place of Business	Mailing Address
.P.O. BOX 54159 JACKSONVILLE, FL 32245-4159	P.O. BOX 54159 JACKSONVILLE, FL 32245-4159

DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired ☐ **$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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000924793
05/19/08-80014-025 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	PUTNAL, JAMES E	
STREET ADDRESS	4971 SCENIC MARSH COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	MGRM	
NAME	PUTNAL, DIANNA E	
STREET ADDRESS	4971 SCENIC MARSH COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 Putnal_ mgrm.   4/25/08

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