


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

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



04222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) 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 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

**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 Date: 4/25/08

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