## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**SIGNATURE** 

## Jan 22, 2007 08:00 AM DOCUMENT # L05000051955 **Secretary of State** SPANO BIG EZ HOLDINGS, LLC Principal Place of Business Mailing Address C/O SPANO YELLOWSTONE HOLDINGS LP 4405 N.W. 24TH TERRACE BOCA RATON FL 33431 C/O SPANO YELLOWSTONE HOLDINGS LP 4405 N.W. 24TH TERRACE BOCA RATON FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2900202 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BSPA CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 350 EAST LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE FL 33301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Significate, typed or printed name of registrated argent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. DILLE ☐ Change ☐ Addition Defete ШЦ NAMI NAMI SPANO, PETER F STRUCT ADDRESS STREET ADDRESS 4405 D.W. 24TH TERR CHY ST 7fP **BOCA RATON FL 33431** CHY-St-ZIP JIIII' Delete Change Addition NAMI NAME SPANO, CATHY D STREET ADDRESS 4405 D.W. 24TH TERR STREET ADDRESS CHY-SI-7IP CHY-SI-7P **BOCA RATON FL 33431** TITLE Delete ☐ Change Addition 101HNAM NAME STALL LADDRESS SIRELEADORESS CITY-ST ZIP CITY-ST-7/P HHE ☐ Defeie Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP Delete Addition 1011 ☐ Change HITE NAME NAME STREET ADDRESS STALL LADDALSS CDY-S1-ZIP CHY-ST-7IP ☐ Defete HILL Change ☐ Addition NAME. NAMI. STRELT ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OF REINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**