

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051988

Entity Name: BIGFORK, LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

209 GRANT'S WAY
FAIRHOPE, AL 36532

New Principal Place of Business:

Current Mailing Address:

209 GRANT'S WAY
FAIRHOPE, AL 36532

New Mailing Address:

FEI Number: 02-0784847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTINGTON, JAMES R
4220 TRONJO ROAD
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REEDY, MIKE
Address: 209 GRANT'S WAY
City-St-Zip: FAIRHOPE, AL 36532

Title: MGRM () Delete
Name: REEDY, LYNN L
Address: 209 GRANT'S WAY
City-St-Zip: FAIRHOPE, AL 36532

Title: MGRM () Delete
Name: WALLACE, R. ROGER
Address: 910 E. CERVANTES STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM () Delete
Name: WHITTINGTON, JAMES R
Address: 4220 TRONJO ROAD
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES MICHAEL REEDY

MGR

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date