


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 007 ****50.00

DOCUMENT # L05000060966			
1. Entity Name BIG PREMIERE, L.L.C.			
Principal Place of Business 10556 NW 26TH STREET, D-101 DORAL, FL 33172		Mailing Address 10556 NW 26TH STREET, D-101 DORAL, FL 33172	
2. Principal Place of Business 10544 NW 26 St. Suite, Apt. #, etc. E202 City & State Doral, FL. Zip 33172 Country U.S.A.		3. Mailing Address 10544 NW 26 St. Suite, Apt. #, etc. E202 City & State Doral, FL. Zip 33172 Country U.S.A.	
08032006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-3030371	
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 CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET, SUITE C-201 DORAL, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Ricardo Echeverria 10544 NW 26 St. - E202 Doral, FL. 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Mauro Scattolini 10544 NW 26 St. - E202 Doral, FL. 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph F. Cabanas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		08/03/06 (305) 5941098 Date Daytime Phone #	
Joseph F. Cabanas			