

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State



DOCUMENT # L05000071591

1. Entity Name
BIGBO LLC

Principal Place of Business
**8034 FISHER ISLAND DR.
MIAMI FL 33109
US**

Mailing Address
**8034 FISHER ISLAND DR.
MIAMI FL 33109
US**



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGELS, MARTIN
8034 FISHER ISLAND DR.
MIAMI FL 33109**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME: **MGRM
ENGELS, MARTIN** Delete
STREET ADDRESS
CITY- ST- ZIP
**8034 FISHER ISLAND DR.
MIAMI FL 33109**

TITLE
NAME: **000000602176** Change Addition
STREET ADDRESS
CITY- ST- ZIP
01/26/07-80079-010 50.00

TITLE
NAME: **MGRM
ENGELS, NANCY** Delete
STREET ADDRESS
CITY- ST- ZIP
**8034 FISHER ISLAND DR.
MIAMI FL 33109**

TITLE
NAME: Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Change Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME: Change Addition
STREET ADDRESS
CITY- ST- ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Handwritten Signature]
Date: **1/21/07** Daytona Phone #: **305.373.2700**