2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

05-08-2008 90102 030 ***138.75 **DOCUMENT # L05000089395** 1. Entity Name BIG JIM II, LLC 60040171 Principal Place of Business Mailing Address 3665 BEE RIDGE ROAD, SUITE 310 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State 25-1926208 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARRION, JAIME S Street Address (P.O. Box Number is Not Acceptable) 3665 BEE RIDGE RD **SUITE 310** SARASOTA, FL 34233 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. printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM/P TITLE ☐ Delete TITLE Change ☐ Addition CARRION, JAIME S NAME NAME Carrion, Jaime S. 3665 Bee Ridge Rd., Sarasota, FL 34233 STREET ADDRESS 3665 BEE RIDGE RD SUITE 310 STREET ADDRESS Suite 310 CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP ☐ Addition Defete TITI F ☐ Change TITLE THOMAS, DORA MARIA C NAME NAME 3665 BEE RIDGE RD STE 310 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Addition TITLE CARRION, JAIME S NAME NAME 3665 BEE RIDGE RD STE 310 STREET ADORESS STREET ADORESS SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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: 📐

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

4-8-08 941-925-4551