


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092767		
1. Entity Name BIG MACK-QUINCY LLC		

Principal Place of Business 117 MT. CALVARY CHURCH RD. QUINCY, FL 32352	Mailing Address 117 MT. CALVARY CHURCH RD. QUINCY, FL 32352
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2. Principal Place of Business - No P.O. Box # 117 MT CALVARY CH RD		3. Mailing Address 117 MT CALVARY CH RD	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Quincy FLA		City & State Quincy FLA	
Zip 32352	Country USA	Zip 32352	Country USA

FILED
08 APR 18 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 42-1704815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WILCOX, ARTHUR F 117 MT. CALVARY CHURCH RD. QUINCY, FL 32352	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code	
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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 <i>Arthur F Wilcox</i> DATE <i>4/3/08</i>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	<i>[Signature]</i>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILCOX, ARTHUR F 117 MT. CALVARY CHURCH RD. QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000124383880 04/21/08--01001--020 **50.00
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 000124383880 04/21/08--01001--021 **88.75
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
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: <i>Arthur F Wilcox</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <i>4/3/08</i> Daytime Phone #