

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

04-27-2007 90030 020 ****50.00

30008118

DOCUMENT # L05000096805 1. Entity Name BIG VIEW INVESTMENT CLUB, LLC					
Principal Place of Business PO BOX 491725 FT. LAUDERDALE, FL 33349			Mailing Address PO BOX 491725 FT. LAUDERDALE, FL 33349		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number APPLIED FOR 134310309			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			04232007 Chg-LLC CR2E083 (12/06)		
6. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES, P.A. 5401 N. UNIVERSITY DRIVE SUITE 204 CORAL SPRINGS, FL 33067				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVERSON, TERRY PO BOX 491725 FT. LAUDERDALE, FL 33349	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Davis, Lilliana P.O. Box 491725 Fort Lauderdale, FL 33349	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, COLETTE PO BOX 491725 FT. LAUDERDALE, FL 33349	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM N. Chells, M. How P.O. Box 491725 Fort Lauderdale, FL 33349	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGILL, SEAN PO BOX 491725 FT. LAUDERDALE, FL 33349	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Silva, Gail P.O. Box 491725 Fort Lauderdale, FL 33349	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURTON, AREZELL PO BOX 491725 FT. LAUDERDALE, FL 33349	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Porter, Priscilla P.O. Box 491725 Fort Lauderdale, FL 33349	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERGUSON, FRANKLIN PO BOX 491725 FT. LAUDERDALE, FL 33349	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EZPELETA, PIA PO BOX 491725 FT. LAUDERDALE, FL 33349	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:				4/24/06 754 2443293	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					