

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90019 040 \*\*\*\*50.00

**20004335**



01102006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000107028</b>					
1. Entity Name <b>BIG SUN AUTO SALVAGE, LLC</b>					
Principal Place of Business <b>4395 S.E. 95TH STREET BELLEVIEW, FL 34420</b>		Mailing Address <b>4395 S.E. 95TH STREET BELLEVIEW, FL 34420</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3730991</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BULLARD, J. WARREN 18 N.W. THIRD AVE. OCALA, FL 34475</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOOTHBAY, GREG S 4395 S.E. 95TH STREET BELLEVIEW, FL 34420</b>	<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	
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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.					
<b>SIGNATURE:</b> <i>[Signature]</i>		Date: <b>1/31/06</b>		Daytime Phone #: <b>352-572-4966</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					