

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:16

DOCUMENT # L05000112134					
1. Entity Name BIG CHILL, LLC					
Principal Place of Business 104000 OVERSEAS HIGHWAY KEY LARGO, FL 33037			Mailing Address PO BOX 1042 TAVERNIER, FL 33070		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 104000 Overseas Highway			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Key Largo, FL		4. FEI Number 41-2211651	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33037		33037		05222008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNETT, CHARLES D 8412 NATIVE DANCER ROAD PALM BEACH GARDENS, FL 33418			Name - Daniel Zarra Street Address (P.O. Box Number is Not Acceptable) 11200 NW 18th Street City Plantation FL Zip Code 33323		
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>Daniel Zarra</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <i>5/23/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOOLE, J. DAVID <input checked="" type="checkbox"/> Delete 129 CORT LANE TAVERNIER, FL 33070		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Daniel Zarra <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11200 NW 18th Street Plantation, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Larry Calvano <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 660 Enclave Circle West Pembroke Pines, FL 33027	
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	400131093234 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/10/08--01004--013 **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	
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>Daniel Zarra</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <i>5/23/08</i> 954.232.0000 <small>Date Daytime Phone #</small>		