2007 LIMITED LIABILITY COMPANY. **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

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Apr 17, 2007 8:00 am Secretary of State **DOCUMENT # L05000120949** 03-23-2007 90168 009 ****50.00 1. Entity Name CYNTHIA BIGGAR, LLC Principal Place of Business Mailing Address 450 WOODLAND DR 450 WOODLAND DR SARASOTA, FL 34234 SARASOTA, FL 34234 01062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4037213 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHARBONNEÂU ANDRE ESQ 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Replaced Apent signature required when repairment DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE BIGGAR, CYNTHIA MAKE STREET ADDRESS 450 WOODLAND DR CITY-ST-ZIP SARASOTA, FL 34234 TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS

11. I hereby cortify 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.

INTED HAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10/07

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