


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90024 014 ***138.75

DOCUMENT # L06000003031	
1. Entity Name BIG SKI DADDY PROPERTIES LLC	

DO NOT WRITE IN THIS SPACE

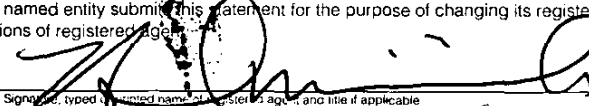
60031360

CR2E083B (12/07)

2. Principal Place of Business - No P.O. Box # 4813 BENCHMARK CT.	3. Mailing Address 4813 BENCHMARK CT.
Suite, Apt. #, etc. SARASOTA	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34238	Country USA
4. FEI Number 20-4072273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name NEIL MARINOVICH	
	Street Address (P.O. Box Number is Not Acceptable) 4813 BENCHMARK CT.	
	City SARASOTA	Zip Code FL 34238

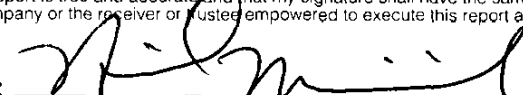
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/24/08

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER NEIL MARINOVICH 4813 BENCHMARK CT. SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SHAWN RYAN 1161 RED MAPLE CIR. ST. PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  NEIL MARINOVICH 4/24/08 941-921-9763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #