

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90080 033 ****50.00

DOCUMENT # L06000014283											
1. Entity Name BIGEE INVESTMENTS, LLC											
Principal Place of Business 5070 HWY 90 PACE, FL 32571			Mailing Address 5070 HWY 90 PACE, FL 32571								
2. Principal Place of Business - No P.O. Box # .		3. Mailing Address 6847A No 9th Ave #365									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		Pensacola FL		4. FEI Number 20-4356990							
Zip		32504		Applied For Not Applicable							
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent WARD, BRANDON S 5070 HWY 90 PACE, FL 32571			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6847A No 9th Ave #365 City Pensacola FL Zip Code 32504								
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. <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE </td> <td style="width:30%; text-align: center;">MGRM</td> <td style="width:40%; text-align: right;">4/3/07</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</td> <td style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small;">DATE</td> </tr> </table>						SIGNATURE	MGRM	4/3/07	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE	MGRM	4/3/07									
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE									
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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	WARD, BRANDON S	NAME									
STREET ADDRESS	5070 HWY 90	STREET ADDRESS	6847A No. 9th Ave. #365								
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	Pensacola FL 32504								
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	ARNOLD, IAN K	NAME									
STREET ADDRESS	5070 HWY 90	STREET ADDRESS									
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP									
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME		NAME									
STREET ADDRESS		STREET ADDRESS									
CITY-ST-ZIP		CITY-ST-ZIP									
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME		NAME									
STREET ADDRESS		STREET ADDRESS									
CITY-ST-ZIP		CITY-ST-ZIP									
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME		NAME									
STREET ADDRESS		STREET ADDRESS									
CITY-ST-ZIP		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:		MGRM		4/3/07							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #							
				850-479-3066							