

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029888

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: BIG 1, LLC

**Current Principal Place of Business:**

1615 S. FEDERAL HIGHWAY  
# 202  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

1615 S. FEDERAL HIGHWAY  
# 202  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 87-0773239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWLESS, PAUL M  
1877 S. FEDERAL HIGHWAY  
# 210  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRAUSER, CHARLES  
Address: 1615 S. FEDERAL HIGHWAY #202  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KRAUSER, CHARLES R  
Address: 1615 S. FEDERAL HIGHWAY #202  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Change (X) Addition  
Name: GOLTRA, JOHN R  
Address: 1615 SOUTH FEDERAL HIGHWAY SUITE 202  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN R. GOLTRA

MGRM

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date