

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90151 016 ****50.00

DOCUMENT # L06000040453

1. Entity Name
BIG AL'S DEVELOPMENT L.L.C.



Principal Place of Business
1234 AIRPORT ROAD, STE. 225
DESTIN, FL 32541

Mailing Address
1234 AIRPORT ROAD, STE. 225
DESTIN, FL 32541

60051309



2. Principal Place of Business - No P.O. Box #
145 MANRING DR

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05272007 Chg-LLC CR2E083 (12/06)

City & State
FORT WALTON BCH FL

City & State

4. FEI Number
NONE

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

32547

OKALOOSA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROGERSON, ALAN
1234 AIRPORT ROAD, STE. 225
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/27/07

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROGERSON, ALAN
1234 AIRPORT ROAD, STE. 225
DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROGERSON, ALAN
145 MANRING DR
FT WALTON BCH FL 32547 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

[Signature]

5/27/07