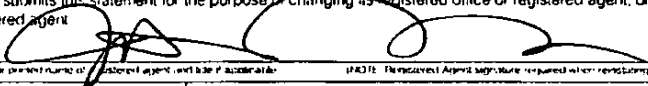


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-03-2007 90256 019 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000048648			
1. Entity Name BIG CITY, LLC			
Principal Place of Business 16735 S. 331 #6 FREEPORT, FL 32431		Mailing Address 16735 S. 331 #6 FREEPORT, FL 32431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4760161		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, MARCIA 16735 US HWY 331S #6 FREEPORT, FL 32439		7. Name and Address of New Registered Agent Name Joyce A. Tucker, CPA Street Address (P.O. Box Number is Not Acceptable) 1234 Airport Rd #118 City Destin FL Zip 32541	
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:  5-1-07 Signature typed or printed name of registered agent and date of authorization (NOTE: This current Agent signature required when reappointing) (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 NAME STREET ADDRESS CITY ST ZIP	MGRM JOHNSON, MARCIA 16735 S. 331 #6 FREEPORT, FL 32431 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME 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:  5-1-07 80-654-9235 Signature typed or printed name of signing managing member, manager, or authorized representative (DATE)			