

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051467

FILED
Apr 27, 2007
Secretary of State

Entity Name: BIG BUTTON ELECTRONICS, LLC

Current Principal Place of Business:

1036 PARK STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

3948 SOUTH THIRD STREET
186
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

C/O BEACHCOMBER OUTDOOR RESORT
3455 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

3948 SOUTH THIRD STREET
186
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 20-4903124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, FRANK
1036 PARK STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

BARNES, FRANK
3948 SOUTH THIRD STREET
186
JACKSONVILLE BEACH, FL 32250 US

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: FRANK BARNES

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNES, FRANK
Address: 1036 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MGRM () Delete
Name: RUDY, DOROTHY
Address: 161 WEST CLINTON AVENUE
City-St-Zip: TENAFLY, NJ 07670 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FRANK BARNES

MGRM

04/27/2007

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