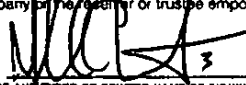


FILED
Jun 13, 2007 8:00 am
Secretary of State

05-29-2007 90286 020 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000071177			
1. Entity Name BIG TREE PLAZA L.L.C.			
Principal Place of Business 4 OLD KINGS RD. N., SUITE B PALM COAST, FL 32137		Mailing Address PO BOX 3010 TEQUESTA, FL 33469	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4 Old Kings Road North	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite B	
City & State		City & State Palm Coast, FL	
Zip	Country	Zip	Country
		32137	USA
4. FEI Number 20-5264444		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIUMENTO & ASSOCIATES, P.A. 4 OLD KINGS RD. N., SUITE B PALM COAST, FL 32137		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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRBOD, MARC 14011 VENTURA BLVD., SUITE 211 SHERMAN OAKS, CA 91423 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven E. Jones 11 Frontier Drive Palm Coast, FL 32137 ☐ 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
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
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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Member	5/24/07 386-445-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #
Michael D. Chiumento III			