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05252007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000071177

1. Entity Name
BIG TREE PLAZA L.L.C.

Principal Place of Business	Mailing Address
4 OLD KINGS RD. N., SUITE B PALM COAST, FL 32137	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 32137	Country 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

CHIUMENTO & ASSOCIATES, P.A.
4 OLD KINGS RD. N., SUITE B
PALM COAST, FL 32137

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR	[X] Delete	TITLE	MGR	☐ Change [X] Addition
NAME	MIRBOD, MARC		NAME	Steven E. Jones	
STREET ADDRESS	14011 VENTURA BLVD., SUITE 211		STREET ADDRESS	11 Frontier Drive	
CITY-ST-ZIP	SHERMAN OAKS, CA 91423		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 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