2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082163

2 WEST OAKLAND AVE SUITE 200

OAKLAND, FL 34760

Address:

City-St-Zip:

Entity Name: BIG OAKS, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2 WEST OAKLAND AVENUE SUITE 200 OAKLAND, FL 34760 **Current Mailing Address: New Mailing Address:** P. O. BOX 1040 OAKLAND, FL 34760 FEI Number: 20-5414923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ETCHISON, MICHAEL J 2 WEST OAKLAND AVE SUITE 200 OAKLAND, FL 34760 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete AMY RUTH ETCHISON REVOCABLE TRUST Name: Name: Address: 2 WEST OAKLAND AVENUE, STE 200 Address: City-St-Zip: OAKLAND, FL 34760 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: PATRICIA O MARTIN REVOCABLE TRUST Name: Address: 2 WEST OAKLAND AVENUE, STE 200 Address: City-St-Zip: OAKLAND, FL 34760 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MICHAEL J ETCHISON AS TRUSTEE/AMY'S TRUST Name: Name: Address: 2 WEST OAKLAND AVENUE STE 200 Address: City-St-Zip: OAKLAND, FL 34760 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KENNETH R MARTIN AS TRUSTEE/PAT'S TRUST Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL J ETCHISON MGRM 04/28/2009