

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000100776</b>	
1. Entity Name <b>BIG DUMMY 325, LLC</b>	
Principal Place of Business <b>358 CARMEL DRIVE MELBOURNE, FL 32940</b>	Mailing Address <b>358 CARMEL DRIVE MELBOURNE, FL 32940</b>



**DO NOT WRITE IN THIS SPACE**

01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>86-1176646</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
--	---------------------------------------

**6. Name and Address of Current Registered Agent**

**BRADEN, CHARLES E SR.  
358 CARMEL DRIVE  
MELBOURNE, FL 32940**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000790126  
01/23/08-80023-004 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRADEN, BARBARA M 358 CARMEL DRIVE MELBOURNE, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRADEN, CHARLES E SR. 358 CARMEL DRIVE MELBOURNE, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #