


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L06000108873 |  |
| 1. Entity Name THINK BIG COMPUTER AND CONSULTING LLC | |

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| Principal Place of Business 3150 WINDSONG DR. #3206 TALLAHASSEE, FL 32308 | Mailing Address 3150 WINDSONG DR. #3206 TALLAHASSEE, FL 32308 |
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| 2. Principal Place of Business - No P.O. Box # 3700 SE Capital Cir Suite, Apt. #, etc. Apt 423 City & State Tallahassee FL Zip 32311 Country | 3. Mailing Address 3700 SE Capital Cir Suite, Apt. #, etc. Apt 423 City & State Tallahassee FL Zip 32311 Country |
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FILED
08 APR 18 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



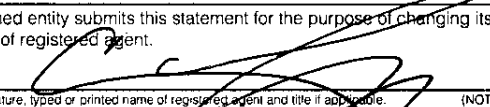
04182008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-5874697 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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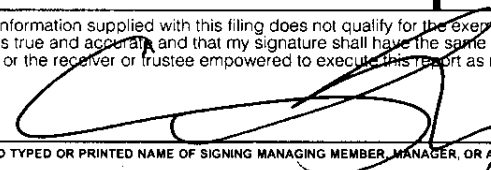
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| 6. Name and Address of Current Registered Agent OLIVER, CURTIS L 1517 CALDWELL DRIVE TALLAHASSEE, FL 32310 |
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| 7. Name and Address of New Registered Agent Name Curtis L. Oliver Street Address (P.O. Box Number is Not Acceptable) 3700 SE Capital Cir Apt 423 City Tallahassee FL Zip Code 32311 |
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| 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 4-18-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM OLIVER, CURTIS L 1517 CALDWELL DRIVE TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | mgrm Oliver, Curtis L 3700 SE Capital Cir Apt 423 Tallahassee, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 900124355189 04/18/08--01026--007 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  DATE 4-18-2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> 4-18-2008 <small>Daytime Phone #</small> |
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