## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # L06000110947** 04-10-2007 90082 047 \*\*\*\*50.00 **BIG CLARK ROAD LLC** Principal Place of Business Mailing Address **303 9TH STREET WEST** 303 9TH STREET WEST SUITE 201 SUITE 201 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 Chg-LLC CR2E083 (12/05) Applied For City & State City & State 4. FEI Number 20-5890847 Not Applicable Country Zip Country \$5.00 Additional 7m 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSKIRK, FRANK A Street Address (P.O. Box Number is Not Acceptable) 303 9TH STREET WEST **SUITE 201** BRADENTON, FL 34205 City Zip Code FL 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 Spreture. Types or printed neme of registered agent and ditre if applicable. (NOTE: Registered Agent signature required when remetating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10 MGRM TET) F TITLE Delete ☐ Change ☐ Addition BUSKIRK, FRANK A NAME MALKE STREET ADDRESS 303 9TH STREET WEST, SUITE 201 STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY. ST. 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY.ST. 7IP CITY-ST-ZIP Addition Change | ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-21P 11. Thereby 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.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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