FILED
Jun 13, 2007 8:00 am
Secretary of State
04-12-2007 90182 026 ****50.00

4/12/2(

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113646

1. Entity Name
THE BIG SOUTH FORK AIRPARK, LLC

Principal Place of Business
1414 DISTANT OAKS DRIVE
WESLEY CHAPEL, FL 33543

Mailing Address
1414 DISTANT OAKS DRIVE
WESLEY CHAPEL, FL 33543

30010649

04092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number 56-2628762 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
4221 WEST BOY SCOUT BLVD., SUITE 1000
TAMPA, FL 33607

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: CFRA LLC 4/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME William Armstrong
STREET ADDRESS 1414 Distant Oaks Dr
CITY-ST-ZIP Wesley Chapel FL 33543
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS / CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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: [signature] 4/9/07 423.663.8548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #