



**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

4/12/07

04-12-2007 90182 026 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000113646</b>			
1. Entity Name <b>THE BIG SOUTH FORK AIRPARK, LLC</b>			
Principal Place of Business <b>1414 DISTANT OAKS DRIVE WESLEY CHAPEL, FL 33543</b>		Mailing Address <b>1414 DISTANT OAKS DRIVE WESLEY CHAPEL, FL 33543</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subo, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>56-2628762</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CFRA, LLC 4221 WEST BOY SCOUT BLVD., SUITE 1000 TAMPA, FL 33607		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <b>CFRA LLC</b>		DATE: <b>4/9/07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. DELETIONS OF MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
<b>MGRM William Armstrong 1414 Distant Oaks Dr Wesley Chapel FL 33543</b>			
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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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
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 liquidator empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE: <b>4/9/07</b> 423.663.5548	
SIGNATURE AND TYPED OR PRINTED NAME OF BEHIND MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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