

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90232 041 \*\*\*138.75

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L07000002591</b><br>1. Entity Name<br><b>BIG TREE OUTPARCELS, LLC</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>5111 RIDGEWOOD AVENUE<br/>SUITE 300<br/>PORT ORANGE, FL 32127</b>  |  |   | Mailing Address<br><b>5111 RIDGEWOOD AVENUE<br/>SUITE 300<br/>PORT ORANGE, FL 32127</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 01092008    Chg-LLC    CR2E083 (12/06)  |  |
| 4. FEI Number<br><b>20-8241168</b>   |  |   |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |   | 6. Name and Address of Current Registered Agent<br><br><b>CLARK, D. ANDREW<br/>5111 RIDGEWOOD AVENUE<br/>SUITE 300<br/>PORT ORANGE, FL 32127</b>  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br><br>SIGNATURE:     DATE: |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |   |   | Make check payable to<br><b>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CLARK, D. ANDREW<br>5111 RIDGEWOOD AVENUE, SUITE 300<br>PORT ORANGE, FL 32127 | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |   |   |  |
| SIGNATURE:     DATE:    Daytime Phone #:   |  |   |   |   |  |

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