

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000021380

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** BIG PINE LLC

**Current Principal Place of Business:**

8330 GANDY WAY  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 915394  
LONGWOOD, FL 327915394

**New Mailing Address:**

P.O. BOX 915221  
LONGWOOD, FL 327915221

**FEI Number:** 26-0188918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, PAUL  
8330 GANDY WAY  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ADAMS, PAUL  
Address: P.O. BOX 915221  
City-St-Zip: LONGWOOD, FL 327915221

Title: MGR  
Name: ADAMS, MATHEW  
Address: P.O. BOX 915221  
City-St-Zip: LONGWOOD, FL 327915221

Title: MGR  
Name: ADAMS, PAUL III  
Address: P.O. BOX 915221  
City-St-Zip: LONGWOOD, FL 327915221

Title: MGR  
Name: ADAMS, SUSAN  
Address: P.O. BOX 915221  
City-St-Zip: LONGWOOD, FL 327915221

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** PAUL ADAMS III

MGR

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date