

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039047

FILED
Feb 26, 2009
Secretary of State

Entity Name: BIG BEND REAL ESTATE DE, L.L.C.

Current Principal Place of Business:

555 N BYRON BUTLER PKWY
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

555 N BYRON BUTLER PKWY
PERRY, FL 32347

New Mailing Address:

1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET STE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 US

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: GARY A. SHIPMAN

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIPMAN, GARY A
Address: 2065 THOMASVILLE ROAD, SUITE 102
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: SHUGAR, DANIEL K
Address: 150 TEHAMA COURT
City-St-Zip: SAN BRUNO, CA 94066

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHIPMAN, GARY A
Address: 1414 COUNTY HIGHWAY 283 SOUTH, STE. B
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARY A. SHIPMAN

MGR

02/26/2009

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