FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED		
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee							97 FEB 10 PM 3: 50		
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address DOCLINA ENT. 4								later navert i	SE STATE
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9500000186							Laŭkatart de S TATE TALLAHASSEE, FL ORIDA		
BIG PINE ESTATE, L.C. 1932 TYLER ST HOLLYWOOD FL 33020							1a. Principal Place of Business Address 1932 TYLER ST HOLLYWOOD FL 33020		
It above mailing address is incorrect in any way, line through incorrect 2. Principal Place of Business 2a. Mail						rection in Block 2a.	3. Date Organize	ed or Qualified	3a. State of Formation
		_			 03/09/19	05	 FL		
Suite, Apt	Suite, Ap	Sulte, Apt. #, etc.			4. FEI Number	793	Applied For		
City & State			City & S	City & State			CE 05500	.05	Not Applicable
							CO CO CO CO CO CO CO CO		6. Certificate of Status Desired
Zip	[Country	Zip		Count	γ		_	\$8.75 / Ultional Fee Begutted
	7. Name a	nd Address of Curre	nt Registered	Agent		_ _	03/07/19 8. Name and Add		egistered Agent
						Name			
HUNTER, E T 1930 TYLER ST HOLLYWOOD FL 33020						Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc.			
						City		FL	Zip Code
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)									
10. Title	Mana	ging Members/Manag	ers	 _	Busine	ss Street Address	<u> </u>	City	, State and Zip Code
MGRM MEM		ROBERT E JOANNE C			TYLER TYLER	ST		-02/12	
indicated o	on this annual rep	ort is true and accurate	and that my	signature si	hali have the s	same legal effect as	if made under oath	; that I am a ma	I further certify that the information naging member or manager of the ame appears in Block 10. or on an
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. Robert E, Joiner 1/27/97 (554) 435-8870									