

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

**APPROVED  
AND  
FILED**

**1997 MAY 19 AM 9:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
---------------------------------------	---

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L96000000395</b>
---	--------------------------------

**BIG BEND ENTERPRISES, L.C.  
2631-A N.W. 41ST STREET  
GAINESVILLE FL 32606**

1a. Principal Place of Business Address

**2631-A N.W. 41ST STREET  
GAINESVILLE FL 32606**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>04/01/1996</b>	<b>FL</b>
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
			<input type="checkbox"/> Additional Fee Required

**59-3369570**

7. Name and Address of Current Registered Agent

**EVANS, B. PHILLIP JR.  
2631-A N.W. 41ST STREET  
GAINESVILLE FL 32606**

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

**000002193040--9**  
**-05/28/97--01051--004**  
**\*\*\*203.75 \*\*\*203.75**  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	EVANS, B. PHILLIP JR.	2631-A N.W. 41ST STREET	GAINESVILLE FL
MEM	BRYANT, TODD	<del>1515 N. YOUNG BLVD.</del> 6489 S.W. CR. 232	<del>CHIEFLAND FL</del> TRAYN
MEM	ROLAND, REESE BARRY	P.O. BOX 1520	CHIEFLAND FL
MEM	BRADLEY, CLIFTON E	P.O. BOX 1520	CHIEFLAND FL
MEM	WARE OIL & SUPPLY COMP	2715 S. BYRON BUTLER PARKW	PERY FL

*Handwritten signature: Todd Bryant*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *Todd Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**4/30/97**  
Date  
**352-493-2565**  
Daytime Phone #