2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L99000003289

1. Entity Name

BIG BLUE HOLDINGS, L.L.C.

Mailing Address

FILED Mar 31, 2005 08:00 AM **Secretary of State**

Principal Place of Business

445-27TH AVE SW

STE D

DO NOT WRITE IN THIS SPACE

VERO BEACH, FL 32960

445-27TH AVE SW STE D VERO BEACH, FL 32960



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02132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1004472 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COOKSEY, BYRON TI 445 SW - 27TH AVENUE, STE E VERO BEACH, FL 32962

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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.					
SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered	Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2005					
9,	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOKSEY, BYRON T II 445 SW - 27TH AVENUE, STE E VERO BEACH, FL 32960		-	U000000282673	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FENNELL, TODD 979 BEACHLAND BLVD VERO BEACH, FL 32963	-· -·		U00000282673 03/31/05-80051-023 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		_ DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE				Í	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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:

NAME STREET ADDRESS CITY-ST-ZIP

> ambegget SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

772-770-0**3**89

Daytime Phone #