

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000018

FILED
Apr 26, 2005
Secretary of State

Entity Name: BIG BOX ENTERPRISES, L.L.C.

Current Principal Place of Business:

5801 CONGRESS AVENUE
STE 219
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5801 CONGRESS AVENUE
STE 219
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1149495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOMBACH, GEOFFREY S ESQ.
500 EAST BROWARD BOULEVARD, SUITE 1950
FT. LAUDERDALE, FL 33394 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/MEMBERS:

Title: MGR () Delete
Name: WOLF, STEVEN
Address: 5801 NORTH CONGRESS AVENUE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: BILOWIT, FRED
Address: 5801 N CONGRESS AVENUE
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: SZMIGA, ISRAEL
Address: 5801 N CONGRESS AVENUE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRED BILOWIT

MGRM

04/26/2005

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