

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005325

Entity Name: BIG 6 ASSOCIATES, L.L.C.

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2343 NW 196TH ST  
SHORELINE, WA 98177

**New Principal Place of Business:**

**Current Mailing Address:**

2343 NW 196TH ST  
SHORELINE, WA 98177

**New Mailing Address:**

PO BOX 113  
PALMYRA, NY 14522

FEI Number: 91-2018902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISENBERG, LENORE  
CORNWALL C #1045  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

EISENBERG, LENORE AGENT  
CORNWALL C #1045  
BOCA RATON, FL 33434 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: GINA LUKE

01/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BIG 6 ASSOCIATES,  
Address: P.O. BOX 1  
City-St-Zip: FAYETTEVILLE, NY 13066

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BIG 6 ASSOCIATES,  
Address: P.O. BOX 113  
City-St-Zip: PALMYRA, NY 14522

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: GINA LUKE

MRS.

01/06/2005

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