

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010952

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: LITTLE HICKORY, LLC

**Current Principal Place of Business:**

3301 BONITA BEACH RD  
307  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ELWOOD DAVIS - NE FINANCIAL CONSULT  
P.O. BOX 2630  
WESTPORT, CT 06880

**New Mailing Address:**

FEI Number: 59-3679780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KELLY, CHARLES M JR.  
2390 TAMIAMI TRAIL NORTH  
SUITE 204  
NAPLES, FL 34103 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: DAVIS, ELWOOD B  
Address: % WCSJR VII, P.O. BOX 2630  
City-St-Zip: WESTPORT, CT 06880

Title: MGR ( ) Delete  
Name: PEARCE, LAWRENCE L  
Address: 372 LENELL RD.  
City-St-Zip: FT. MYERS BEACH, FL 33931

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: PEARCE, LAWRENCE L  
Address: 3301 BONITA BEACH RD; STE 307  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LAWRENCE L. PEARCE      MGR      03/25/2008

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