

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010952

FILED
Apr 28, 2009
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:

372 LENELL ROAD
FORT MYERS BEACH, FL 33931

Current Mailing Address:

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

New Mailing Address:

372 LENELL ROAD
FORT MYERS BEACH, FL 33931

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: 3301 BONITA BEACH RD; STE 307
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: PEARCE, LAWRENCE L
Address: 372 LENELL ROAD
City-St-Zip: FORT MYERS BEACH, 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

04/28/2009

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