

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008206 1. Entity Name LITTLE PEEPS, L.L.C.	
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Principal Place of Business
2221 S. DALE MABRY
TAMPA, FL 33629 US

Mailing Address
2221 S. DALE MABRY
TAMPA, FL 33629 US



02022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAN, ASHLEY T
802 SOUTH LAKEVIEW ROAD
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

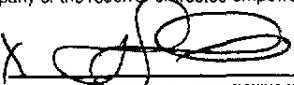
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMAS, PATTI W 2416 W. PROSPECT RD TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMAS, CLAY O 2416 W. PROSPECT RD TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORAN, ASHLEY T 802 S. LAKEVIEW ROAD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORAN, KEVIN S 802 S. LAKEVIEW ROAD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000086384
02/26/04-80014-005 50.00

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IN THIS SPACE**

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. I 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: 

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

Date

Daytime Phone #

x 2/9/04 x 813 250 0044