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.

Principal Place of Business	Mailing Address
2221 S. DALE MABRY TAMPA, FL 33629 US	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

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

000000066384
02/26/04-80014-005 50.00

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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: X _____ x 2/9/04 x 813 2000444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #