## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000010952

Entity Name: LITTLE HICKORY, LLC

Address:

City-St-Zip:

372 LENELL RD.

FT. MYERS BEACH, FL 33931

FILED Jun 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O ELWOOD DAVIS - NE FINANCIAL CONSULT P.O. BOX 2630 WESTPORT, CT 06880 **Current Mailing Address: New Mailing Address:** C/O ELWOOD DAVIS - NE FINANCIAL CONSULT P.O. BOX 2630 WESTPORT, CT 06880 FEI Number: 59-3679780 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLY, CHARLES M JR. 2640 GOLDEN GATE PKWY., STE. 305 NAPLES, FL 34105 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DAVIS, ELWOOD B Name: Name: Address: % WCSJR VII, P.O. BOX 2630 Address: City-St-Zip: WESTPORT, CT 06880 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: PEARCE, LAWRENCE L Name:

Address:

City-St-Zip:

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: LAWRENCE L. PEARCE MRG 06/28/2005