2005 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAI

FILED ANNUAL REPORT Jan 18, 2005 08:00 AM DOCUMENT # L01000009215 **Secretary of State** 1. Entity Name LITTLE KEYE, L.L.C. Principal Place of Business Mailing Address 4112 NW 11TH ST PO BOX 218 CAPE CORAL, FL 33993 MATLACHA, FL 33993 01072005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0480637 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SELF-PERRY, MARCIA DO NOT WRITE 4112 NW 11TH STREET CAPE CORAL, FL 33993 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. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 01/19/05-80014-004 50.00 TITLE MGRM GARCIA, CHARLIE E **3827 SW 2ND LANE** STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALAF STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 regerver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.