

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000009215**

1. Entity Name

LITTLE KEYE, L.L.C.



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 5320 DOUG TAYLOR CIRCLE ST. JAMES CITY FL 33956		Mailing Address PO BOX 248 MATLACHA FL 33993	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Post Office Box 429 Suite, Apt. #, etc.	
City & State Fort Myers		City & State Fort Myers	
Zip 33902	Country Lee	4. FEI Number 45-0480637 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent GARCIA, CHARLIE E 5320 DOUG TAYLOR CIRCLE ST. JAMES CITY FL 33956		7. Name and Address of New Registered Agent Name Johanna M. Shifflette Street Address (P.O. Box Number is Not Acceptable) 1767 Llewellyn Drive City Fort Myers FL 33901	
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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 **3/5/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, CHARLIE E 5320 DOUG TAYLOR CIRCLE ST. JAMES CITY FL 33956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRMedia, Charlie E. GARCIA, CHARLIE E. 1767 Llewellyn Drive Fort Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900017863019 05/02/03--01017--012 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** **Charlie E. Garcia, Mang.** **3/5/03 239-850-6707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)