


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000019341**  
 1. Entity Name  
**LITTLE FOX PROPERTIES, LLC**



Principal Place of Business      Mailing Address  
**708 EDGEEMERE LANE**      **708 EDGEEMERE LANE**  
**SARASOTA FL 34242**      **SARASOTA FL 34242**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/05)

4. FEI Number      **65-1152756**      Applied For  
 Not Applied

5. Certificate of Status Desired            **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GIACOMAZZI, TULLIO**  
**708 EDGEEMERE LANE**  
**SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | MGRM                                       | <input type="checkbox"/> Delete |
| NAME           | THE GIOVANNA M GIACOMAZZI REVOCABLE LIVING |                                 |
| STREET ADDRESS | 708 EDGEEMERE LANE                         |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34242                          |                                 |
| TITLE          | MGRM                                       | <input type="checkbox"/> Delete |
| NAME           | THE TULLIO P GIACOMAZZI REVOCABLE LIVING   |                                 |
| STREET ADDRESS | 708 EDGEEMERE LANE                         |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34242                          |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

10. ADDITIONS/CHANGES

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 04/18/06-80041-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 606, Florida Statutes.

SIGNATURE: Giovanna M. Giacomazzi TTEE      3/30/06/941/374 3401  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #