

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90026 047 ****50.00

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1. Entity Name
LITTLE FOX PROPERTIES, LLC

Principal Place of Business Mailing Address
708 EDMERE LANE 708 EDMERE 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

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIACOMAZZI, TULLIO
708 EDMERE LANE
SARASOTA FL 34242

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 reinstating) _____ DATE _____

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 **MGRM** Delete
NAME **THE GIOVANNA M GIACOMAZZI REVOCABLE LIVING**
STREET ADDRESS **708 EDMERE LANE**
CITY-ST-ZIP **SARASOTA FL 34242**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Delete
NAME **THE TULLIO P GIACOMAZZI REVOCABLE LIVING**
STREET ADDRESS **708 EDMERE LANE**
CITY-ST-ZIP **SARASOTA FL 34242**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: TULLIO P GIACOMAZZI 5/12/03 94 349 3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E063 (10/02)