

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000022100

1. Entity Name
LITTLE TERRAPIN, L.L.C.



Principal Place of Business
**50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202**

Mailing Address
**50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202**



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0546723

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIBBS, THOMAS E
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GIBBS, THOMAS E
STREET ADDRESS	50 N. LAURA ST. STE. 2800
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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U00000496318
04/22/06-80011-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 806, Florida Statutes.

SIGNATURE: TH E Gibbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #