2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000022100

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

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

DO NOT WRITE IN THIS SPACE

60036765

04112007 No Chg - LLC   CR2E083 (11/05)

4. FEI Number		Applied For
02-0546723		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

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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
_____
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, 2007

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

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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 608, Florida Statutes.

SIGNATURE: _____ Thomas E Gibbs _____ 4/11/07 (904)355-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #